



**CHILD CARE AND DEVELOPMENT FUND PLAN**  
**FOR THE STATE OF IOWA**  
**FFY 2008-2009**

This Plan describes the CCDF program to be conducted by the State for the period 10/1/07 – 9/30/09. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

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Public reporting burden for this collection of information is estimated to average 165 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**(Form ACF 118 Approved OMB Number: 0970-0114 expires 06/30/2009)**

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**AMENDMENTS LOG**  
Child Care and Development Services Plan for  
For the period: 10/1/07 – 9/30/09

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

**Instructions:**

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

**PART 1**  
**ADMINISTRATION**

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

**1.1 Lead Agency Information** (as designated by State chief executive officer)

Name of Lead Agency: Iowa Department of Human Services  
Address of Lead Agency:  
Hoover State Office Building, 1305 E. Walnut, 5<sup>th</sup> Floor, Des Moines, IA 50319-0114

Name and Title of the Lead Agency's Chief Executive Officer:  
Kevin W. Concannon, Director

Phone Number: 515-281-5452  
Fax Number: 515-281-4980  
E-Mail Address: kconcan@dhs.state.ia.us  
Web Address for Lead Agency (if any): www.dhs.state.ia.us

**1.2 State Child Care (CCDF) Contact Information** (day-to-day contact)

Name of the State Child Care Contact (CCDF): Jeff Anderson,  
Title of State Child Care Contact: State Child Care Administrator

Address:  
Hoover State Office Building, 1305 E. Walnut, Division of BDPS, 5<sup>th</sup> Floor,  
Des Moines, IA 50319-0114

Phone Number: (515) 281-7266  
Fax Number: (515) 242-6036  
E-Mail Address: janders4@dhs.state.ia.us

Phone Number for child care subsidy program information (for the public) (if any):  
Families apply for, and information regarding the child care assistance program is available at the county DHS office listed in the phone book.

Web Address for child care subsidy program information: www.dhs.state.ia.us

### **1.3 Estimated Funding**

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2007 through September 30, 2008. (§98.13(a))

CCDF: \$ 41,212,320 (Total Grant – includes mandatory, matching, discretionary, and discretionary earmarks.)

Federal TANF Transfer to CCDF: \$ 26,232,177

Direct Federal TANF Spending on Child Care: \$ 0

State CCDF Maintenance of Effort Funds: \$ 5,078,586

State Matching Funds: \$ 9,329,786

Total Funds Available: \$ \$81,852,869

### **1.4 Estimated Administration Cost**

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$ 2,025,000 (2.5%). (658E(c) (3), §§98.13(a), 98.52)

### **1.5 Administration of the Program**

Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

Yes.

X No. If no, use the table below to identify the name and type of agency that delivers services and activities. (If the Lead Agency performs the task, mark “n/a” in the box under “Agency.” If more than one agency performs the task, identify all agencies in the box under “Agency,” and indicate in the box to the right whether each is a non-government entity.)

<b>Service/Activity</b>	<b>Agency</b>	<b>Non-Government Entity (see Guidance for definition)</b>
Determines individual eligibility:		
a) TANF families	Lead Agency	NA - <input type="checkbox"/> Yes <input type="checkbox"/> No
b) Non-TANF families	Lead Agency	NA - <input type="checkbox"/> Yes <input type="checkbox"/> No
Assists parents in locating care	The Lead Agency contracts with the Child Care Resource	X Yes <input type="checkbox"/> No

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	and Referral Agencies to also provide parent referral to the general public. There is not a procedural requirement within child care assistance that families be referred to CCR&R.	
Makes the provider payment	Lead Agency	NA <input type="checkbox"/> Yes <input type="checkbox"/> No
Quality activities	Variety of agencies specified in detail in Section 5 of this plan - agency noted at end of each activity. ** See below for listing and type	<input type="checkbox"/> Yes <input type="checkbox"/> No See below
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\* The following non-governmental entities serve as partners in implementing quality improvement activities:

- Child Care Resource and Referral Agencies (CCR&R's) – CCR&R service provided under umbrella agencies that are Community Action Agencies and non-profits
- Iowa School Age Care Alliance – a non-profit, non-governmental community/area multi-service agency
- Iowa Association for the Education of Young Children (IAEYC) – a non-profit, non-governmental affiliate of NAEYC.
- First Children's Finance – a non-profit organization
- National Child Care Association -- a non-profit professional trade association

Other entities (that are not a non-government entity) involved in quality improvement efforts

- Iowa Department of Public Health
- Iowa Department of Empowerment – Office of Empowerment
- Iowa State University Extension

If the Lead Agency uses outside agencies to deliver services and activities, **describe** how the Lead Agency maintains overall control.

The Lead Agency directly administers the child care assistance program, directly regulates child care providers and directly contracts for quality improvement activities under these funds. In contracts or interagency agreements for quality improvement, the Lead Agency adheres to the Accountable Government Act provisions implemented within the state and specifies the scope of service, amount of funding, and all measures and reporting requirements. The contracts and agreements are renegotiated annually. For the TANF dollars transferred for disbursement to Community Empowerment Areas, those funds are disbursed under the rules promulgated by the Lead Agency and for the activities as approved in the Empowerment area plan.

### **1.6 Use of Private Donated Funds**

Will the Lead Agency use private funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

- ☐ Yes. If yes, are those funds:
- ☐ Donated directly to the State?
  - ☐ Donated to a separate entity or entities designated to receive private donated funds?

How many entities are designated to receive private donated fund? \_\_\_\_\_

Provide information below for each entity:

Name:

Address:

Contact:

Type:

X No.

### **1.7 Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children**

1.7.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

☐ Yes, and:

( ) The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

(\_\_ %) Estimated percentage of the MOE requirement that will be met with pre-K expenditures.(Not to exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following **describes** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

X No.

1.7.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

☐ Yes, and

(\_\_%) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 30%.)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following **describes** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

X No.

- 1.7.3 If the State answered yes to 1.7.1 or 1.7.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))  
NOT APPLICABLE

## **1.8 Improper Payments**

- 1.8.1 How does the Lead Agency define improper payments?

### **Provider Error**

**Legal reference:** 441 IAC 170.1(237A)

Recover overpayments that result from the following child care provider errors:

- ◆ False or misleading statements on billing invoice about the children receiving services.
- ◆ False or misleading documentation of hours when service was provided.
- ◆ Failure to report receiving duplicate warrants within ten days of receipt.
- ◆ Failure to report and refund payments received for more units than the amount authorized on the most recent form 470-3915, *Notice of Decision: Child Care Assistance*, within ten days of receiving the payment.

### **Client Error**

**Legal reference:** 441 IAC 170.1(237A)

Recover overpayments that result from the following client errors:

- ◆ False or misleading oral or written statements about the client's income, household composition, school schedule, hours of employment, or any other circumstances affecting eligibility or benefits.
- ◆ Failure to report changes in income, household composition, school schedule, hours of employment, or any other circumstance affecting eligibility or benefits of the client, as outlined on the *Notice of Decision: Child Care Assistance*, within 10 days of the change.

- 1.8.2 Has your State implemented strategies to prevent, measure, identify, reduce and/or collect improper payments? (§98.60(i), §98.65, §98.67)

☒ Yes, and these strategies are:

Providers must submit monthly attendance verification for each child receiving care along with all invoices. Each day the child is in care must be logged on the attendance sheet and any variances must be explained before payment can be made. The parent and the provider must sign the attendance sheet.

All overpayments are referred to the Department of Inspections and Appeals (DIA) for collection. DIA investigates the situation causing the overpayment and determines who the debtor is, and how much they were overpaid. Repayment agreements are set up with debtors to collect the amounts owed to DHS.

☐ No. If no, are there plans underway to determine and implement such strategies?

☐ Yes, and these planned strategies are:

☐ No.

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**PART 2**  
**DEVELOPING THE CHILD CARE PROGRAM**

**2.1 Consultation and Coordination**

- 2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)). Indicate the entities with which the Lead Agency has consulted or coordinated (as defined below), by checking the appropriate box(es) in the following table.

*Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).

*Coordination* involves the coordination of child care and early childhood development service delivery, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health), (3) employment services / workforce development, (4) public education, (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

	<b>Consultation in Development of the Plan</b>	<b>Coordination with Service Delivery</b>
Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services.	<input type="checkbox"/>	X *
Public health	<input type="checkbox"/>	X *
Employment services / workforce development	<input type="checkbox"/>	X *
Public education	<input type="checkbox"/>	X *
TANF	<input type="checkbox"/>	X *

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	Consultation in Development of the Plan	Coordination with Service Delivery
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input type="checkbox"/>	X
Representatives of local government	X *	<input type="checkbox"/>
State/Tribal agency (agencies) responsible for:		
State pre-kindergarten programs	<input type="checkbox"/>	X
Head Start programs	<input type="checkbox"/>	X
Programs that promote inclusion for children with special needs	<input type="checkbox"/>	X
Emergency preparedness <sup>o</sup>	<input type="checkbox"/>	X
Other (See guidance):	<input type="checkbox"/>	X

\* *Required.*

For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.

<sup>o</sup>If you have prepared an emergency preparedness plan related to your child care and early childhood development services, attach it as Attachment XX (NOT APPLICABLE - See Note below).

Note: The Lead Agency has not developed a specific emergency preparedness plan for child care. However, child care regulations require child care providers to have developed individual plans for their programs; the CCR&R's receive disaster planning resources and support from NACCRRRA, and the state's Healthy Child Care Iowa initiative is engaged in ongoing emergency preparedness efforts with the child care nurse consultants in partnership with state-level efforts. Accommodations to child care regulations are made on an as-needed basis as events warrant. On a more statewide scale, the Iowa Homeland Security and Emergency Management Division has charge to address statewide disaster and terrorism preparedness.

**CONSULTATION:**

The development of a child care *system* is an evolutionary process and does not begin and end with the development or conclusion of state plan and its accompanying timeframes. Neither, then, is consultation received in one isolated period of time prior to the submission of a state plan. Consequently, the Department of Human Services (DHS) has consulted with and received input from numerous advisory bodies and stakeholders over a period of time in developing the CCDF Plan for the State and more importantly, the design and implementation of the services delivered under the CCDF funding. These include, but are certainly not limited to, nor listed in order of importance or input:

*The Office of the Honorable Governor of Iowa*

Iowa has been fortunate for the past 8 years to have had a Governor invested in improving the outcomes of Iowa's youngest children. In his administration, Governor Tom Vilsack convened a key task force -- the *Governor's Child Care and Early Education Task Force* -- which put forth key recommendations towards improving early childhood, with specific recommendations regarding parent, provider and system strategies. Governor Vilsack also advanced a "90/90" Goal for the state -- to make quality preschool services available to 90% of Iowa's children and to ensure 90% of all Iowans complete at least two years of post-secondary education.

Now in his first year, the Honorable Chet Culver has continued the work of his predecessor, expanding access to preschool for 4-year old children and making substantial investments in early childhood. As he continues the efforts, Governor Culver is exploring the development of a "children's cabinet" effort to serve as an advisory body to the Governor's Office and a high-level public platform for children and youth (birth through age 25).

While there is much work to be done in fully realizing the primary recommendation of the Task Force, the strategies within the action steps have continued to serve as guideposts in the Department's annual budget recommendations to the Governor; in development of policies and procedures to improve the child care assistance program; in the work of the State Child Care Advisory Council; and in the recommendations regarding expenditures of state and federal quality funds. A copy of the report can be obtained by contacting the State Child Care Contact for the Lead Agency.

*State Child Care Advisory Council*

The Department holds every-other-month meetings with a key advisory body to the Department, the State Child Care Advisory Council (SCCAC). The Council, which is chaired by non-DHS staff, is comprised of not more than thirty-five members from rural and urban areas across the state. The Council has broad representation across early childhood and child care related fields. Membership includes representatives from the following: for-profit and not-for-profit child care providers of early care and school-age care; parents of children receiving child care from licensed centers and from family or group child care homes; child care resource and referral agencies; child advocacy groups; early childhood educators; designees of the Departments of Human Services, Community Empowerment, Public Health, Education and Workforce Development; Head Start; and legislators representing both major political parties.

The charge of the Council, as outlined in Iowa statute, is to:

- consult with and make recommendations to the Department regarding child care assistance policy and
- consult with and make recommendations to the Department regarding child care related services, including child care resource and referral, provider training, quality improvement, public/private partnerships, and licensing/registration regulations;
- assist in developing an implementation plan to provide seamless service to recipients of public assistance; and

- advise and provide technical assistance to the Director of the Department of Education, upon request, relating to pre-kindergarten, kindergarten, and before- and after-school programming and facilities.

The State Child Care Advisory Council is instrumental in forging collaborations among State departments and other coordinating/advisory boards and facilitating the coordination of the delivery of CCDF-funded child care services with other early childhood development programs. The majority of the SCCAC membership serves in multiple leadership capacities within their respective communities and at the state level, providing diverse opportunities for two-way information sharing and input.

The SCCAC, through its committees, addresses issues brought about by changing federal or state regulations that impact child care and early childhood programs. Council members serve on one of three committees, which include system issues, evaluation/research and membership/operational policies. The committees are responsible for developing and presenting recommendations to the Advisory Council membership for a comprehensive child care delivery system. Department of Human Services' field and administrative staff participate in the development of the committees' recommendations. Because DHS is the recipient of state and federal funds for child care services, staff participation on the committees is an important element to the coordination of all funding.

The Systems committee (formerly functioning as the 'quality' committee) has also served as a key linkage in coordinating child care policy development across state and local agencies, professional development initiatives, and key stakeholder groups. In the past several years, the committee and other ad hoc workgroups of the SCCAC have been instrumental in helping the Department and legislators in advancing legislation and quality improvement initiatives that have served to strengthen Iowa's child care and early education system – in particular the development in 2003-2004 of the framework for Iowa's Quality Rating System.

#### *Council on Human Services*

The Council on Human Services, which is established by statute to act in a policy-making and advisory capacity to the Department of Human Services, provides input to the Department in the development of funding, policy and procedural recommendations. The Department continues to regularly update and seek direction from the Council as it moves forward in implementing policy and program changes.

#### *Early Childhood Iowa Stakeholders*

The Early Childhood Iowa Stakeholders' purpose is to be a catalyst in the development of Iowa's comprehensive, early care, health, and education system. This group's strength is in the successful model and commitment that has been shown. Current membership includes both private and public sectors. The ECI stakeholders have formed workgroups to address the following six key components of an early care, health, and education system: Quality Programs and Services; Professional Development; Public Engagement; Governance, Planning and Administration; Resources & Funding; and Results Accountability. Each workgroup consists of a co-chair structure. Both government and non-governmental representatives partner to form

that leadership. This group provides a comprehensive influence from many early care, health and education partners.

### *Community Empowerment*

Community Empowerment was established by legislation during the 1998 session in an effort to create a partnership between communities and state government with an emphasis to improve the well-being of families with young children. Community Empowerment Areas enable local citizens to lead collaborative efforts involving education, health, and human services programs on behalf of children, families and other citizens residing in the area. Community Empowerment Area local boards, supported by an Empowerment Coordinator, are comprised with a majority representation of citizens and local elected officials, thereby providing an opportunity for local government, at its most grassroots, to provide input to the Lead Agency.

The purpose of Community Empowerment is to empower individuals and their communities to achieve desired results for improving the quality of life, particularly for children 0-5, in the communities in this state. Iowa believes that local individuals in local communities working together will identify and implement the best means for attaining the desired results. The role of the Iowa Empowerment Board, comprised of citizen members and the Directors of four state agencies, and the State is to support and facilitate growth of individual and community responsibility in place of the directive role that the public has come to expect of government.

A state Empowerment technical assistance team representing the Departments of Management, Human Services, Education, Health, Human Rights, Economic Development, and Workforce Development provides numerous opportunities to collaborate and coordinate efforts at both the micro- and macro- state and community levels.

Community Empowerment is an example of the most effective role of state government – the role of partner. Community Empowerment leverages local resources; supports local efforts; generates comparison data among areas and focuses on results. The state legislature appropriates Temporary Assistance to Needy Families (TANF) funds for community “Early Childhood grants” to enhance the quality and capacity of child care through:

- Regular child care and provider recruitment;
- Child care for mildly ill;
- 2<sup>nd</sup> and 3<sup>rd</sup> shift child care;
- Provider training; and
- Support registration and licensure.

The state legislature appropriates state General Funds (and a small portion of Healthy Iowa Tobacco Trust funds) for community “school ready” grants to support comprehensive services for children ages zero through five including:

- Preschool and child care
- Parent support
- Family home visitation
- Parent education

### COORDINATION

Examples of coordination efforts include, but are certainly not limited, to nor listed in order of importance:

#### *Iowa Department of Public Health -- Healthy Child Care Iowa & HRSA/SECCS Leadership*

A partnership between the Iowa Department of Human Services and the Department of Public Health resulted in the implementation in September 1996 of the now nationally recognized model --Healthy Child Care Iowa (HCCI) initiative. Healthy Child Care Iowa was established to develop and maintain statewide linkages between child care and child health experts to improve the health and safety of children in child care settings. The Department of Public Health, in coordinating the work of five regional child care nurse consultants employed by the CCR&R regions, is able to:

- Collect statewide standardized data collection of health and safety issues and consultation in child care; and
- Develop a plan to provide training, technical assistance and consultation on health and safety issues
- Provide leadership in developing health consultation, training, and resources.

With leadership provided by the Iowa Department of Public Health, HCCI is primarily funded through CCDF funding. The Department of Human Services contributes the majority of the funding toward contracting for five nurse consultants as well as for the designation of a state HCCI consultant and project staff at the Iowa Department of Public Health. The model serves to allow a direct linkage between child care settings/regulation and key DPH resources and responses for child and provider health, immunizations, communicable disease, environmental health, nutrition, etc. Leadership through HCCI has been instrumental in addressing epidemiology efforts to reduce infant influenza in child care settings; developing assessment tools to identify and eliminate health and safety hazards in child care settings; targeted strategies to address the increased inappropriate and dangerous use of disinfectant and pesticides by child care providers; and the development of a provider-focused curriculum to encourage proper nutrition and physical activity for children in care; and most recently, the development of health and safety related tools and assessments for the health component of the Quality Rating System, a component unique to Iowa's system.

Noteworthy in this collaboration effort is the concerted expansion of child care health consultation throughout the state via the Department of Public Health's Maternal and Child Health (MCH) Program. The Department of Public Health now requires its Title V Child Health Clinics to employ (or make available to the community through interagency partnerships) a minimum 0.5 FTE child care nurse consultant. In addition, HCCI continues to partner with the 19 health specialists under Head Start and continuing relationships with the Child Care Resource

and Referral agencies and Empowerment areas for a coordinated and expanded health consultation network.

The HRSA/SECCS Leadership provided by the Department of Public Health has proven to be a pivotal structural and funding partner – that continues the efforts begun under a Smart Start grant that originated Iowa’s Early Childhood Stakeholders effort. [More information on this collaboration is found under section 2.1.2]

#### *Iowa’s Early Care, Health, and Education Congress*

The Congress is an annual statewide event established under a broad-based collaborative effort and coordinated by the State Office of Empowerment. The Congress offers a cross-systems approach to services for young children, and provides the latest trends, research, and resource information regarding the fields of child care, health, and early education. DHS participates on the planning committee, presents as requested at workshops, and contributes funds to support the effort.

#### *Child Care Resource and Referral Agencies (CCR&R)*

Iowa’s Child Care Resource and Referral Agencies are comprised of five regional offices and a system of area offices for statewide delivery of their core services: Parent services, provider services, community services. As a statewide web of community-based agencies throughout the state, the CCR&R has a long-standing and pivotal role in assuring parents are aware of and have information in selecting from an array of quality providers in their community. An ever-growing responsibility is the provision of consultation, resources and training to the provider community. The structure is used as a collaborative and delivery vehicle for a host of quality improvement efforts in the child care community. The CCR&Rs have provided a vehicle for, among many activities, the following:

- Statewide consultation for Iowa’s Quality Rating System – QRS specialists located in the CCR&R provide technical assistance and serve as the central point of contact for providers wishing to apply for a QRS rating
- statewide delivery of ChildNet training – an introductory training reflective of CDA components targeted to home providers; Welcome to Child Care, and Welcome to School-age Care
- development and expansion (via Empowerment areas) of child care home consultation
- development and expansion (via Empowerment areas) of child care health consultation
- delivery of Program for Infant & Toddler Care (PITC) training – the state’s birth to three initiative
- expansion of an “Every Child Reads” initiative to promote reading readiness skills. The initiative builds on established community partnerships with CCR&R, child care providers, schools, AEA’s, libraries, business and industry, etc.

[More detailed information about the scope of these services is found under section 5.1. Information about the CCR&R structure can be found at [www.dhs.state.ia.us](http://www.dhs.state.ia.us)]

#### *Iowa Department of Education*

The Iowa Department of Education (DE) is another essential partner in coordinating Iowa's child care plan. In addition to participation on the State Empowerment Technical Assistance Team and providing leadership to the Child Development Coordinating Council (described below), the Department convenes an intra-bureau Early Learning Team, which has proven pivotal in advancing the state's early childhood literacy efforts; provides the leadership in developing an assessment approach for the state's "school readiness" efforts; is a key contributor to data and system planning toward the Governor's 90/90 agenda; was essential in providing leadership in the development and implementation of the state's Early Learning Guidelines; and is currently undertaking the roll-out of Iowa's Statewide Voluntary Preschool Program for Four-Year-Old Children.

A key strategy towards the Governor's 90/90 agenda and the movement towards a Quality Rating System for Iowa was the development of Iowa's Quality Preschool Program Standards (IQPPS). The Standards represent a 'key indicator' set of standards from the National Association of the Education of Young Children (NAEYC). The standards are initially targeted for use by programs under the purview of the Department of Education. However, a commendable strategy has been the statewide delivery of training to develop a cadre of "facilitators" who are trained on the standards and then charged with assessment and ongoing consultation to two early childhood providers in their community.

Collaborative efforts under the leadership of the Department of Education include:

- Child Development Coordinating Council

The Department of Education convenes the Child Development Coordinating Council, a collaborative effort involving the Departments of Education, Human Rights, Public Health and Human Services, Head Start, Head Start parents, Child Care Resource and Referral agencies, Area Education Agencies and regents institutions. The Department's State Child Care Administrator and quality improvement program manager are members of the Council. The Child Development Coordinating Council administers funds for over 109 Shared Visions early childhood preschool programs for at-risk children and 12 parent support programs. The Shared Visions Preschools have achieved national recognition for the consistently high scoring of the programs under the ECERS scale.

- Head Start and Head Start State Collaboration Office

The Lead Agency formed collaborative partnerships with Head Start grantees and the Head Start State Collaboration Office to further the availability of quality child care settings and resources to support providers. In addition to regulating Head Start programs as licensed child care centers, DHS has conducted extensive outreach to Head Start grantees to increase their participation in the child care wraparound funding opportunity (described later in this plan). The Head Start Association was a strong partner in the development of Iowa's Early Learning Standards. Additionally, as the Lead Agency for TANF, DHS provides a listing of FIP recipients to Head Start grantees to support their local outreach efforts of reaching families. The initial result was a ten percent increase since 2002 in the number of families participating in Head Start who now also receive child care assistance.

The Head Start State Collaboration Office (HSSCO) has been a "seed" funder over the years of several quality improvement efforts that have now 'rooted' themselves in Iowa's child care system (i.e., professional development, PITC, etc.). An increasing effort has been underway to

strengthen the collaborations between the HSSCO and the DHS child care unit to address action plan strategies of: increasing Head Start participation in wraparound; assuring alignment of and linkage with the Head Start Performance Standards to the Core Body of Knowledge, Quality Rating System and Early Learning Standards; assessment of coordination efforts between Head Start and CCR&R to identify areas to strengthen; offering leadership to the Iowa T.E.A.C.H. effort; and encouraging participation by Head Start grantees in the state's National Administrator Credential training.

- Natural Allies

The goal of Natural Allies is an early childhood workforce that is prepared, competent, and able to provide high quality, inclusive early care & education for all children. The following agencies/projects are represented on the Natural Allies work team: Community college instructors and state-level staff, DHS, Child Care Resource and Referral, Early Access, Iowa Early Care and Education Professional Development Project, Area Education Agency, and Head Start.

The priorities for this effort are:

1. Infuse exceptionality and inclusion into early childhood personnel preparation and professional development
2. Infuse family-centered principles into early childhood personnel preparation and professional development
3. Support linkages between early childhood professional development initiatives and resources
4. Support the development of the relationships essential for all children to have inclusive early care and education

- Early Access

Collaborative efforts continue between the Child Care Resource and Referral System and Iowa's system of early intervention services, Part C of the Individuals with Disabilities Education Act (now known in Iowa as "Early Access"). Activities center on utilizing child care providers as a child-find mechanism for early intervention, delivering Module V of the PITC training series, and increasing provider awareness of the services and resources available through the early intervention system.

*Regents Institutions and Community Colleges –*

The Lead Agency and Iowa State University are part of the Midwest Child Care Research Consortium that is conducting research on the child care quality in the DHHS Region VII (*The Midwest Child Care Research Consortium: Child Care in the Heartland*). Collaborations continue under the MCCRRC effort's to study the implementation of Quality Rating Systems in DHHS Region VII.

ISU and Iowa State University Extension continue to be partners in researching issues of economic impact in the state, coordinating efforts to monitor goals set for the state under Iowans For Better Future (previously known as Iowa 2010). Extension also offers invaluable

consultation to providers on a range of issues, including playground safety, delivery of environmental rating scales, and a public engagement campaign (Child Care Lasts A Lifetime).

The University of Northern Iowa (UNI) serves a key partner on the CDCC and conducting evaluation of the Shared Visions programs. The National Program for Playground Safety at UNI has been a valuable resource to providers and consultants across the state who support programs. UNI's Regents Center for Early Developmental Education is also assuming a leadership role in advancing discussion and implementation around Iowa's Pre-K efforts.

The community colleges, Iowa State University, the University of Iowa, and several private colleges continue to embed the Program for Infant & Toddler Care into their undergraduate programs. Some graduate level coursework has been offered through the Area Education Agencies.

In addition, our community college partners have been instrumental in assisting in the statewide efforts around Iowa's T.E.A.C.H. and Natural Allies efforts, as well as an instrumental partner with the CCR&R's in the delivery of many trainings offered throughout the state.

#### *Iowa Afterschool Association*

The Iowa Afterschool Alliance (IAA) is a statewide afterschool network, operating into its fourth year with primary support from the Charles Stewart Mott Foundation, and with additional support from a variety of state agencies and non-profits. The IAA membership and leadership structure includes representatives of YMCAs, Boys and Girls Clubs, school-based afterschool programs, 4-H/Iowa State Extension, school age child care, Iowa PTA, and many others. The IAA is staffed by State Public Policy Group, Inc. and The Chrysalis Foundation. Collaborations occur regarding developing legislative agenda, developing conferences for after-school providers, recommendations regarding improving the quality and funding available for afterschool providers, etc.

#### *Child Care Wraparound Grants*

Collaboration also exists via the Child Care Wraparound Grants, a funding and quality improvement collaborative between the Iowa Department of Human Services and Head Start programs, Department of Education Preschools, Chapter 1 Preschools, and the Area Education Agency Early Childhood Special Education Preschools. The grants provide funding for child care to children enrolled in one of the programs listed above. Care is provided before and after the core program, on in-service days and full time during the summer months for children whose families meet the income guidelines and are employed or in training. Due to the earnest efforts of the DHS quality improvement program manager and the partnership efforts of the leaders of the CDCC and the HSCO, significant participation by child care providers and core programs have increased over the past five years.

#### *TANF and Employment Services*

The Department of Human Services is also the lead agency for TANF, and administers the Family Investment Program (FIP). The Department partners with Iowa Workforce Development Offices in administering the state's work and training program for recipients of FIP – known in

Iowa as PROMISE JOBS. The coordination relative to child care assistance is further detailed under the process for child care eligibility and services.

*Tribal*

The Department is interested in coordinative opportunities with the Sac and Fox Tribe of the Mississippi – located at the Meskwaki Settlement. Past opportunities have been limited at the state level, though prior Tribal CCDF plans would indicate that coordination exists at the local level between Tribal programs and the area Workforce Development Office and staff administering TANF/Family Investment Plans. In addition, the Lead Agency has provided information to the Ponca and Winnebago tribes of Nebraska as they have overlapping territory into northwest Iowa. Information has been provided regarding Iowa's provider rate structure, regulatory requirements, and linkages with CCR&R to support Native Americans interested in becoming registered child development homes in Iowa.

*Child Care Providers Together/AFSCME Council 61*

By Executive Order of the Office of the Governor, child development homes in Iowa are now represented by the American Federation of State, County, and Municipal Employees (AFSCME). Advocacy and bargaining efforts for child care providers are organized under the umbrella name of "Child Care Providers Together (CCPT)" within Council 61. The Lead Agency is working in collaboration with CCPT as we work in partnership to make improvements in the child care assistance program, regulation of homes and increases in the quality efforts and resources to support child development home providers.

- 2.1.2 State Plan for Early Childhood Program Coordination. *Good Start, Grow Smart* encourages States to develop a plan for coordination across early childhood programs. Indicate which of the following best describes the current status of the State's efforts in this area. Note: Check only ONE.

Planning. Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.

Developing. A plan is being drafted.

The draft is included as Attachment XXX

Developed. A plan has been written but has not yet been implemented.

The plan is included as Attachment XXX.

- X **Implementing.** A plan has been written and is now in the process of being implemented. The Early Childhood Iowa Strategic Plan is included as Attachment 2.1.2 --- More detailed information regarding the plan and the state framework for early care, health and education can be found at: [www.earlychildhoodiowa.org](http://www.earlychildhoodiowa.org)

Other (describe):

Describe the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2006-2007 State Plan.

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

Many consultative, collaborative, and coordinated relationships among government and community-based entities and programs were described in Section 2.1 of this plan (and that highlighted *numerous* program and funding collaborations – including Title V-MCH, Head Start, TANF, State At-risk preschool programs, State Empowerment funding, Title V-CSHCN, IDEA – Part B & C, etc.).

There is in place in Iowa an early childhood structure for improving outcomes for young children. Iowa put this structure in place well before the mandates of the *Good Start, Grow Smart* initiative, and as such will strive to build upon – rather than duplicate -- those early efforts in meeting the mandates of *GSGS*. The planning structures and efforts are described below:

#### *Iowa Empowerment Board*

The Iowa Empowerment Board (IEB) sets goals to empower communities to achieve desired results, develop collaboration to support a system and advocate for public engagement. The Board's role includes providing oversight, tracking, and reporting the data on the Empowerment Results and Indicators; advocacy; and public awareness of the importance of early childhood. Current members of the Iowa Empowerment Board (IEB) include department directors for six state agencies, six legislators, and 16 citizen members, including a faith, business and consumer representative. The IEB promotes collaboration among state and local education, health and human service programs as well as supports system development at a state and local level. They also provide guidance of the funding streams for which they have authority over.

Responsibilities include:

- Integrated existing services and advance quality improvement strategies.
- Develop strategies and recommendations for integrated/braided funding for early care, health and education initiatives.
- Develop strategies and align state level policies to support local collaboration for community-based early care, health and education.
- Develop effective and efficient allocation of resources to support desired outcomes
- Inventory existing data sources and support analysis of data to support evidence based decision making at state and local level.
- Advocate for and be advisory towards strategies for sustainable financing.
- Develop a leadership agenda for high quality environments for all young children and their families.
- Track and analyze state-wide indicators, including but not limited to: low birth weight; rate of immunization by age 2; children entering kindergarten ready for school; employment rate; incidence of child abuse; teen birth rate; availability of child care; and prenatal care during the first trimester.

A Directors Group of the partnering state agencies (Economic Development, Education, Human Rights, Human Services, Management, Public Health and Workforce Development) for Empowerment are responsible for operationalizing Iowa Empowerment Board policies throughout their departments and collaborating, coordinating and integrating early childhood services provided at the state level. In addition, the Department Directors continue to serve on the Iowa Empowerment Board. The Directors Group is charged with the following:

- Promote the comprehensive, uniform system-wide leadership agenda with in their agencies for the promotion of quality environments for all young children and their families
- Promote and ensure more effective coordination within the executive branch of all agencies responsible for early care, health and education efforts supported by state government in Iowa
- Focus and prioritize the array of early care, health and education programs and services on specific results consistent with the Accountable Government Act
- Develop and implement strategies for sustainable financing
- Provide collaborative policy recommendations to the Governor and Lt. Governor for improving access to quality early care, health and education services in Iowa
- Ensure policies and performance measures that are culturally sensitive and meeting the needs of the under-served populations.
- Review existing supports for children ages 0-5 and make recommendations for program outcomes and a continuity of services.

*The Early Childhood Iowa Stakeholders – [www.earlychildhoodiowa.org](http://www.earlychildhoodiowa.org)*

The Early Childhood Iowa Stakeholders' purpose is to be a catalyst in the development of Iowa's comprehensive, early care, health, and education system. This group's strength is in the successful model and commitment that has been shown. Current membership includes both private and public sectors. The ECI stakeholders have formed workgroups to address the following six key components of an early care, health, and education system: Quality Programs and Services; Professional Development; Public Engagement; Governance, Planning and Administration; Resources & Funding; and Results Accountability. Each workgroup consists of a co-chair structure. Both government and non-governmental representatives partner to form that leadership. This group provides a comprehensive influence from many early care, health and education partners.

Responsibilities:

- Advise the Iowa Empowerment Board, the Early Childhood Comprehensive Systems Planning Grant, state departments, and other identified early care, health, and education planning boards, commissions and initiatives
- Develop and update an early care, health and education system strategic plan.
- Serve as liaison/ally to constituency groups.
- Develop a menu of best practices and rationale for an early care, health, and education system.
- Be advocates for early care, health, and education system.
- Develop a public awareness campaign.

During the 2006-2007 legislative session, the Public Engagement group worked diligently to raise awareness concerning the importance of the first five years of a child's life. ECI Public Engagement sponsored the 2007 Early Care Health and Education Day on the Hill as well as continued the Quality Counts Campaign by hosting regional events in the Capitol during the legislative session.

As Early Childhood Iowa continues to move forward, they have developed issue briefs as a means to further share information about quality. Subject matter of the issue briefs ranges from effective family support programs, healthy mental development, professional development, to nutrition and physical activity. Below is a link to the various issue briefs developed under this effort:

[www.state.ia.us/earlychildhood/issuebriefs.html](http://www.state.ia.us/earlychildhood/issuebriefs.html)

ECI Vision:

Every child, beginning at birth, will be healthy and successful.

The vision has served as the catalyst for the "Early Care, Health and Education System Results-Planning Framework" described below. The framework serves as a guidepost for the state's efforts in improving outcomes for children. The *Early Care, Health and Education System Results-Planning Framework* can be viewed at the following website:

[www.state.ia.us/earlychildhood/docs/circle\\_doc.html](http://www.state.ia.us/earlychildhood/docs/circle_doc.html)

#### *Iowa's Early Childhood Comprehensive Systems Grant (HRSA Grant)*

In the development of Iowa's Early Childhood Comprehensive Systems grant, our partners in the Department of Public Health recognized that the critical components of an early care, health, and education system are in various stages of development. As examples, the state is in the beginning stages of system level efforts to establish basic principles of the medical home model. Iowa's mental health care system for children is fragmented, with scarce resources and no point of accountability to serve all families in need. There are concerns about child care quality and availability and parents are confused by a disjointed early care and education system. Family support and parent education services vary in comprehensiveness and accessibility.

Towards that end, the Department of Public Health recognized the value of partnering with existing coordinated efforts, most notably the comprehensive planning process for early childhood spearheaded by Iowa Community Empowerment (that began under a grant from North Carolina's Smart Start National Technical Assistance Center). The Comprehensive Systems Grant has built on extensive stakeholder input and Smart Start consultants' recommendations.

The goals and objectives of the Implementation portion of the Comprehensive Systems Grant are outlined as follows:

Goal 1: Promote implementation of strategies to address the critical components in Iowa's Early Care, Health, and Education System Strategic Plan

Objective 1: Through August 31, 2008, integrate the medical home concept throughout the Early Care, Health, and Education System

Objective 2: Through August 31, 2008, strengthen infrastructure for building a system of social-emotional and mental health care services for young children.

Objective 3: By August 31, 2008, ensure the accessibility of high quality early care and education for Iowa's young children

Objective 4: By January 31, 2008, create infrastructure for a system of family support and parent education programs

Objective 5: Through August 31, 2008, integrate Healthy Child Care Iowa consultation and training activities into the Early Care, Health, and Education System

Goal 2: Continue to strengthen leadership and collaboration to build the infrastructure for Iowa's Early Care, Health, and Education System

Objective 1: Through August 31, 2008, provide support for the Early Childhood Iowa Stakeholders to be catalysts for developing Iowa's Early Care, Health, and Education System

Objective 2: Through Aug. 31, 2008, build linkages across early childhood initiatives to foster collaboration

Objective 3: Through August 31, 2008, continue to identify and foster key champions for early childhood

Goal 3: Further develop results accountability for Iowa's Early Care, Health, and Education System to support data-informed decision making

Objective 1: Through August 31, 2008, implement a continuous quality improvement process for the implementation of Iowa's Strategic Plan

Objective 2: By May 31, 2007, facilitate the administration of the second version of the Iowa Child and Family Household Health Survey

Objective 3: Through August 31, 2008, incorporate evidence-based research models into system planning and implementation for Iowa's Early Care, Health, and Education System

Goal 4: Create a commitment for broadening public will and investing resources for Iowa's Early Care, Health, and Education System

Objective 1: Through August 31, 2008, continue to promote Iowa's financing strategy for the Early Care, Health, and Education System

Objective 2: Through August 31, 2008, develop methods to align government funding streams, program resources, and policies to support effective system integration

Objective 3: Through August 31, 2008, cultivate new public-private partnerships to garner resources for Iowa's Early Care, Health, and Education System

Objective 4: Through August 31, 2008, explore opportunities for developing and implementing a public awareness campaign

Describe the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

The five state goal areas listed below serve to provide a comprehensive strategy for improving outcomes for children. They serve as guideposts for planning across agencies and communities

and in developing strategies to achieve these goals. As partners in early childhood look to build on professional development efforts, school readiness, increased numbers of quality child care settings, etc., these goals and results serve as a framework with which to stay connected. . The items **in bold** below were determined a priority during State Fiscal Year 2007.

#### HEALTHY CHILDREN

- **Increase access to and utilization of social, emotional and mental health services.**
- Increase access to and utilization of preventive health care services
- Increase the number of children with a medical home
- Increase the number of children with a dental home
- **Increase the number of children with health care coverage**
- Increase access to and utilization of prenatal care services

#### CHILDREN READY TO SUCCEED IN SCHOOL

- Increase the capacity of schools to be ready to meet the educational needs of all children
- Increase the level of performance of children in the areas of learning, communication, movement, self-help, social skills and emotional health
- Increase family capacity to provide a quality early learning environment
- **Increase access to affordable quality early learning environments for all children**

#### SECURE AND NURTURING FAMILIES

- Increase the safety of children in their home environments
- **Increase positive relationships between children and parents**
- Increase the number of families who have sufficient resources to provide a stable home to support the well-being of children
- **Increase effective opportunities to learn about child development and parenting skills**

#### SAFE AND SUPPORTIVE COMMUNITIES

- Increase public engagement and support for families with young children.
- Increase workplace commitment to families
- **Increase community investment in early care, health and education system**
- Increase the recognition of cultural diversity and the promotion of culturally competent practices.

#### SECURE AND NURTURING CHILD CARE ENVIRONMENTS

- **Increase the number of high quality child care/early learning environments for all children**
- Increase parent and community knowledge about quality child care/early learning environments
- **Increase parent and community demand for quality child care/early learning environments**
- Increase the accessibility and affordability of high quality child care/early learning environments for all children

Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

The Early Childhood Iowa Stakeholders have been meeting since January 2002. The system of early care, health, and education is an interdependent one that requires coordination and monitoring if we are to achieve our desired results. The efforts described below coordinate and fund key strategies of a comprehensive system. In funding these efforts, Iowa builds on the many existing infrastructures, partnerships, and initiatives already established and also capitalizes on existing funding. Currently there is not one governance/support structure to sustain Iowa's development of a comprehensive system and commitment to its youngest citizens.

In establishing a clearly known structure for all levels of the system – that provides for the establishment of goals, monitoring, recommendations regarding needs and duplication in the system, and improvement to policy and service delivery – all players in the system will have clearly defined roles and expectations, and a 'roadmap' for ensuring our efforts achieve our state goals.

The expectations of the Early Childhood Iowa Stakeholders Group is outlined below:

- Review, design, participate in cross-functional proposals
- Understand all parts of the system (building knowledge)
- Assess progress against the plan
- Create and keep plan updated
- Agreement on common language for the system
- Develop a menu of best practices and why
- Encourage personal relationships across disciplines
- Be a resource for each other.

## **2.2 Public Hearing Process**

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

Date(s) of statewide notice of public hearing:

Manner of notifying the public about the statewide hearing:

Date(s) of public hearing(s): June 14, 2007

Hearing site(s):

How the content of the plan was made available to the public in advance of the public hearing(s):

A brief summary of the public comments from this process is included below and as Attachment 2.2.

As addressed in the prior section, the development of a state plan, and the accompanying programs, initiatives and activities funded under that plan, is an evolutionary process, incorporating a variety of stakeholders, advisory groups, and entities in the development and implementation. As such, so is the solicitation of input regarding the plan – which serves as a description of the programs and services delivered in the state.

For the past decade or so, the Lead Agency has evolved in its approach to public comment, utilizing the technology and resources available to the agency. Initially a public notice in Iowa's primary newspapers with a 'hearing day' held at the agency's field offices, the effort evolved into the use of phone conferencing with our field offices to host a statewide 'public hearing.' In the prior two state plans, Iowa made use of it's Iowa Communications Network (ICN), a fiber optic telecommunications video tool, to assist the public in attending and participating in the 'public hearing day.' In all prior efforts, public notice provided for an opportunity for interested parties to submit written comments. The plan was also widely distributed to stakeholders across the state. Despite efforts to solicit input, attendance using these mechanisms was poor to non-existent, and little written comment was received.

For the 2006-2007 plan, the Lead Agency approached this effort in a different manner – veering from a 'public hearing' approach to one that provides more opportunity for 'public *input*'. Our approach incorporated a process similar to one used for the development of the agency's administrative rules, whereby public comment is sought. For the 2008-2009 plan, the Lead Agency has continue this successful strategy.

In adapting to the 24/7 age of technology, the Lead Agency posted the state plan on the agency website, providing for more than 20 days of public comment via email or written form, and informed the public regarding the public hearing and notice of plan for comment via:

- A legal notice announcing the public hearing was inserted on May 25th in the largest newspaper serving Iowa – *The Des Moines Register*. The notice indicated that a public hearing would be held in conjunction with the State Child Care Advisory Council meeting on June 14<sup>th</sup>, 2007 in Des Moines.
- A letter was mailed on May 25th to over 9000 providers (all licensed, registered, and non-registered providers serving children eligible for child care assistance) informing them of the public hearing, the purpose and location of the plan, procedures for submitting comments on the plan, and asking them to post or provide copies of the letter to staff and parents of the children they serve.
- The notice of public hearing and availability of the plan review and procedures for submitting comment was emailed respectively on May 22<sup>nd</sup> 2007 and June 1<sup>st</sup> 2007 to leaders/staff to 17 key partner agencies, councils, associations, as well as Lead Agency field offices, asking them to forward on to their constituencies.
- In all notifications, written or verbal, the public was informed they could submit written comment through the end of day June 22<sup>nd</sup>. The public was notified that they could submit their comments via email or in writing via the USPS.

The end result has again far exceeded any efforts in prior years for comment —particularly from parents and providers. In addition to the more than 40 comments that were submitted in writing, 5 providers and 2 stakeholders presented oral comments at the public hearing. Additional providers & stakeholders were in attendance at the public hearing as a show of support.

A summary of the comments submitted:

- Support for requiring registration of all child care home providers
- Concerns about the child care assistance program, including requiring the current market rate to be used in establishing rates to address the lower rate of reimbursement compared to private pay; increasing timeliness of payments to providers, increasing eligibility levels for families; improve notification to providers regarding eligibility of families; allow child care to follow a child removed from parental care and don't impose 'need for service' on relatives; eliminate payment to non-registered providers increased DHS office hours; and improve turnaround time on record checks.
- Lack of health and retirement benefits and sick and vacation leave available to providers.
- Increased funding for QRS grants
- Adapt Iowa Quality Preschool Program Standards to accommodate home providers and increase other supports to child development homes.
- Increased rates, expanded eligibility and targeted training for after school care
- Accommodation in ratio for overlapping 1<sup>st</sup> and 2<sup>nd</sup> shift care and for additional school-age children
- Positive comments about the availability of the child care assistance program, the CCR&R agencies, QRS and its supporting grants program; and the PITC series training.

Additional comments received related to availability of and funding needed for more provider training; increased funding for material grants and home consultants; public awareness on the importance of regulation; revise policies to allow parents to pay the difference between the child care assistance reimbursement rate and the private pay rate, adjust the rates for accredited providers, and establish one rate for all provider types; and improve information given to providers regarding the child care assistance program.

### **2.3 Public-Private Partnerships**

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs?

☒ X Yes. If yes, describe these activities or planned activities, including the results or expected results.

☐ No.

A number of community-based and private sector efforts have been initiated or are underway in Iowa, though not necessarily under the direction of the Lead Agency:

1. An economic impact study was authored by ISU and the Center for Family Policy and was funded through a collaboration of: ISU – Center for Family Policy and the Department of Sociology; Iowa Business Council; and the Iowa Department of Public Health (contributing the Iowa Family Survey). The study, entitled “Child Care, Parents and Work: The Economic Role of Child Care in Iowa” can be found at:  
<http://www.extension.iastate.edu/cd-dial/pdf/ChildCareParents.pdf>
2. The Office of Empowerment conducted, at legislative direction and in partnership with Iowa State University Extension, an analysis of the economic needs of the child care provider community. The study, entitled “. Benefits, Rewards, and Supports: Incentives to build quality and reduce turnover in Iowa's child care workforce” can be found at:  
[www.extension.iastate.edu/childcare/quality/conversation/CCRetention.pdf](http://www.extension.iastate.edu/childcare/quality/conversation/CCRetention.pdf)
3. In 2006, the Iowa Legislature charged the Office of Empowerment to establish a Business Community Investment Advisory Council to: “advise the Iowa Empowerment Board on the best means to leverage private investment in early care, health, and education services and provide options for creating model projects for public-private partnerships to support quality early care, health, and education programming in communities. The final report of the Business Community Investment Advisory Council can be found at:  
[www.empowerment.state.ia.us/common/pdf/bciac\\_2007\\_final\\_report.pdf](http://www.empowerment.state.ia.us/common/pdf/bciac_2007_final_report.pdf)
4. Community Empowerment Areas -- Community Empowerment was established by legislation during the 1998 session in an effort to create a partnership between communities and state government with an emphasis to improve the well-being of families with young children. Community Empowerment Areas enable local citizens to lead collaborative efforts involving education, health, and human services programs on behalf of children, families and other citizens residing in the area. The purpose of Community Empowerment is to empower individuals and their communities to achieve desired results for improving the quality of life in the communities in this state.
5. Beginning in the fall 2003, Iowa began partnering with the Development Corporation for Children (DCC) - now known as First Children's Finance - to assist us in our planning, developing, and financing early education businesses in low and moderate-income communities in Iowa. First Children's Finance works through the private sector to increase the availability of financing and technical business assistance to the child care community. First Children's Finance provides below-market rate financing to child care businesses seeking to purchase a facility, make capital improvements, correct code violations, or in some cases purchase equipment or obtain small amounts of working capital. Because of the infrastructure already in place in Iowa, including our CCR&R network, our Empowerment initiative, and the interest of the business community, FCF is partnering with the Lead Agency, the CCR&R system and NACCRRRA to assist Iowa in the development of a child care business development center.

6. Urban Education Network -- A consortium of the eight largest school districts in Iowa, the UEN has participated in public and private efforts to develop financing strategies for the early care and education system in Iowa.

7. Business and Industry in Iowa – Leaders of Iowa’s business and industry continue to serve in strong leadership roles in advancing the efforts of the early care community. At both the state and local level, leaders serve on the State and Area Community Empowerment Boards; are becoming an ever-increasing presence at the Early Care, Health, and Education Congress; take a strong role in the efforts of United Way related to early childhood, have convened opportunities for private sector discussions and priority setting related to early childhood, and continue to contribute financially to marketing and advocacy efforts.

In the partnerships described above, the expected results would be 1) increased investment by the private sector; 2) an increased advocacy effort for investment of public funds by non-traditional early childhood partners and those entities with ‘political clout’; and 3) a concerted effort to establish “repositories” for foundational contributions, federal and state grants, and other sources of funding that can contribute to the early childhood system in Iowa.

## **PART 3**

### **CHILD CARE SERVICES OFFERED**

#### **3.1 Description of Child Care Services**

##### **3.1.1 Certificate Payment System**

Describe the overall child care certificate process, including, at a minimum:

- (1) a description of the form of the certificate (98.16(k));
- (2) a description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2)) and
- (3) if the Lead Agency is also providing child care services through grants and contracts, estimate the proportion of §98.50 services available through certificates versus grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (98.30(a) & (b)) This may be expressed in terms of dollars, number of slots, or percentages of services.

Attach a copy of your eligibility worker's manual, policy handbook, or other printed guidelines for administering the child care subsidy program as Attachment XXX. If these materials are available on the web, the State may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

Note: Eligibility worker's manuals, policy handbooks, or other printed guidelines for administering a child care subsidy program will be used for reference purposes only. Documents provided by Lead Agencies pursuant to this section will not be uniformly or comprehensively reviewed and will not be considered part of the Plan. All information required to be part of the Plan must continue to be set forth in the Plan.

The applicable administrative rules and procedures for child care assistance can be found on the Lead Agency's website ([www.dhs.state.ia.us](http://www.dhs.state.ia.us)) under "Publications – DHS Employee Manuals and Administrative Rules".

The direct link to the Employees Manual for child care assistance can be found at:  
[http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual\\_Documents/Master/13-g.pdf](http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Master/13-g.pdf)

1) The Child Care Assistance Provider Agreement form is the agreement between the child care provider and the Department. The Provider Agreement contains the provider's name and address, identification number, and reimbursement rates. The Agreement also provides information to providers about billing, record keeping, change reporting, and other requirements. Signature on the form indicates agreement by both parties to the terms.

The family receives a Notice of Decision that lists family information, including the children needing care, the units of service needed, the type of care and the projected number of hours to be provided, any applicable parent fee, the allowable payment, provider information and effective dates.

2) When parents are approved for child care services, they receive the Notice of Decision: Child Care Assistance form through a Department of Human Services or PROMISE JOBS worker. This notice informs the family that they have been approved for service and provides information about the number of units the family is authorized to use each month. The worker issues the notice directly to the parent.

Parents can select from the full range of eligible providers, including licensed child care centers and preschools, before- and after-school care, registered child development homes, nonregistered child care homes, relative care and in-home care. If a parent has not already selected a provider at the time the application for services is made, the parent is referred to a Child Care Resource and Referral agency for assistance in making that selection.

Parents receiving Child Care Assistance are restricted in their choice of care only when child care is part of a protective service plan to prevent or alleviate child abuse or neglect. The parent is allowed to exercise his or her choice of provider except when the DHS worker determines that, for protective reasons, it is not in the best interest of the child.

The Department makes payment for child care services provided to an eligible family when the provider meets all the requirements applicable to the provider, e.g., a child care center has a current Certificate of License and the Child Care Assistance Provider Agreement has been signed by the provider selected by the family. Payment is made directly to the provider upon completion of a provider invoice, which is prepared monthly. Effective July 1, 2007 providers will have the option of submitting payments on a bi-weekly basis or twice a month, and DHS has established procedures to remit payment to a provider for an accurate and approved invoice within ten business days.

3) NA

3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

X No.

3.1.3 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

X Yes, and the limits and the reasons for those limits are: (§§98.16(g)(2), 98.30(e)(1)(iv))

Iowa Administrative Code (IAC) requires that there be three or more children in the home (children's home) for the child care provider to receive the in-home payment rate – which is the equivalent to the minimum wage.

No.

3.1.4 Are child care services provided through certificates, grants and/or contracts offered throughout the State? (658E(a), §98.16(g)(3))

X Yes.

No, and the following are the localities (political subdivisions) and the services that are not offered:

### **3.2 Payment Rates for the Provision of Child Care**

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

These rates are provided below in this section.

The payment rates listed below were effective as of January 1 2007 and are reflective of the 2004 Market Rate Survey.

Provide a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- The month and year when the local market rate survey(s) was completed: Current reimbursement structure - October 2004. The 2006 market rate survey was completed in October 2006. . (§98.43(b)(2))
- A copy of the Market Rate Survey instrument and a summary of the results of the survey are provided below. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings (See Guidance for additional information.)

Within the Department, the Bureau of Research Analysis and Statistics coordinates and provides an analysis for the market rate survey (MRS). In prior survey years, a contractor was used to conduct a telephone survey with providers. Inherent challenges existed with this strategy, not the least of which was the inefficiencies of having an entity unknown to the child care industry attempt to locate a sufficient number of providers and glean accurate information.

Beginning with the 2000 MRS, the Department partnered with the Child Care Resource and Referral (CCR&R) network to collect provider rate data from across the state. The CCR&R's maintain data using a uniform format for every county on all regulated providers and non-regulated providers who request to be on the CCR&R referral base – NACCRRARWare. The database on rates charged to parents is maintained and updated throughout the year with an annual assurance of updates in the fall of each year. The CCR&R's contact providers via phone, mail (with postage-paid envelope provided) and email. For providers who do not reply to mailings or emails, or who do not have an email address, contact is made by phone.

Every two years when the MRS is conducted in Iowa, an administrative analysis of the data obtained from NACCRRARWare is completed using a statistical software package called SPSS, which is licensed to the Department. Once the rates and other information are obtained from NACCRRARWare, the first step of the analysis is to convert all rate types to half day rates, which is the rate type used by the Department. Then, the rates are categorized into 12 rate groups using the 3 age groups and 4 types of care on our state rate table. The last step is to then create frequency tables of all the rates for each rate group, which is then used to calculate the 75<sup>th</sup> percentiles of each rate group.

Consistent application of the data is assured. The CCR&R system has uniform NACCRRARWare manuals for use in the collection of data on parents and provider. In addition, common definitions have been agreed to and are adhered to statewide. In collecting data, the following parameters are used:

- Full-time rates, and part time (including before and after school-age providers) are included. (Note: The full time hourly, daily, weekly and monthly rates are converted into half-day rates to establish the half-day unit. Full time rates are defined as serving children 28 hours or more per week; Part time is defined as serving children less than 28 hours per week.
- Since the statewide rate is established based on the private pay market, if a provider serves only children reimbursed by the Department (and thus had no 'private pay' rate), then those providers' rates are excluded from the survey.
- The providers have to be in business at the time the rate data is collected to ensure that obsolete rate data is not used.

The total population of child care providers in the NACCRRARWare database, with full time rates or part time before /after school rates, were used for the 2006 market rate survey. A file was exported from NACCRRARWare which contained the data that was needed for this survey, including all rate types used in this database; hourly, daily, weekly and monthly, as well as the following codes for Type of Care and Age Group:

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Type of Care

1	Non-registered
2	CDH A
3	CDH B
4	CDH C
5	Licensed Center

Age Group

1	Birth to 12 months
2	13-24 months
3	2 years
4	3 years
5	4, 5, and ½ day kindergarten
6	Before and After School
7	Full-time School Age

There were a total of 2555 unduplicated providers included in the 2006 survey. Of those, 1,627 were Child Development Home Category A&B; 515 were non-registered homes, 252 were licensed centers, and 161 were Child Development Home Category C.

The highest rate of response was logged under the registered family homes/preschool-aged rate group. Comparing the rate results from 2002 to 2004, 7 rate groups increased, 2 rate groups remained the same and 3 rate groups, for the non-registered providers, have had their rates permanently frozen since 1998. For the 2006 MRS, compared against the 2004MRS, all rates across settings and age groups increased.

Because of the manner in which the rates are drawn – i.e., through the use of the CCR&R NACCRRWare database -- a copy of a survey “instrument” is not available. However, samples of the survey tools used by the CCR&R’s to update their provider files on NACCRRWare, from which the data is drawn, are available from the Lead Agency and are submitted as Attachment 3.2.

- Does the Lead Agency use its current Market Rate Survey (a survey completed within the allowable time period –10/1/05 -9/30/07) to set payment rates?

Yes.

- X No. The Iowa Legislature establishes the market rate survey to be used in setting the rates. The Lead Agency is currently directed to use the 2004 MRS.

At what percentile of the current Market Rate Survey is the State rate ceiling set? If you do not use your current Market Rate Survey to set your rate ceilings or your percentile varies across categories of care (e.g., type of setting, region, age of

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children), describe and provide the range of variation in relation to your current survey. (See Guidance for additional information.)

When adjusted to the data gleaned from the 2006 market rate survey, the adjusted rates for 2004 indicate the following percentiles:

<b>Half-Day Rates for Basic Care</b>												
<b>**Percentile when adjusted to the 2006 Market Rate Survey Data**</b>												
	<b>Licensed Center</b>			<b>Child Development Home Category C</b>			<b>Child Development Home Category A &amp; B</b>			<b>Non-registered Home*</b>		
<b>Age Group</b>	<b>2004</b>	<b>2006</b>	<b>**</b>	<b>2004</b>	<b>2006</b>	<b>**</b>	<b>2004</b>	<b>2006</b>	<b>**</b>	<b>2004</b>	<b>2006</b>	<b>**</b>
<b>I&amp;T</b>	15.50	16.60	68	11.50	12.50	64	12.00	12.50	68	8.19	8.19	0.0
<b>Pre-School</b>	12.50	13.93	63	11.25	12.50	70	11.25	12.00	71	7.19	7.19	0.0
<b>School-Age</b>	11.25	11.90	70	10.00	11.25	60	10.00	11.25	70	7.36	7.36	0.0

\*No change for Non-Registered provider – The Iowa Legislature has directed the Lead Agency to set rates in a manner so as to provide incentives to non-registered providers to become registered.

No rates under the current reimbursement structure, when adjusted to the 2006, are below the 60<sup>th</sup> percentile in any category of care.

As a comparison to see how the rates and percentiles have evolved, the following reflects the results of the 2002 market rate survey and a comparison to the current (2004) reimbursement rates

**75<sup>th</sup> Percentile Rates from the 2002 Market Rate Survey  
Comparison to Current Statewide Rates (2004):**

<b>Half-Day Rates for Basic Care</b>												
	<b>Licensed Center</b>			<b>Registered Group Home</b>			<b>Registered Family Home</b>			<b>Non-registered Home*</b>		
<b>Age Group</b>	<b>2002</b>	<b>2004</b>	<b>%</b>	<b>2002</b>	<b>2004</b>	<b>%</b>	<b>2002</b>	<b>2004</b>	<b>%</b>	<b>2002</b>	<b>2004</b>	<b>%</b>
<b>I&amp;T</b>	14.50	15.50	6.9	10.00	11.50	15.0	11.25	12.00	6.7	8.19	8.19	0.0
<b>Pre-School</b>	12.00	12.50	4.2	10.00	11.25	12.5	10.00	11.25	12.5	7.19	7.19	0.0
<b>School-Age</b>	10.50	11.25	7.1	10.00	10.00	0.0	10.00	10.00	0.0	7.36	7.36	0.0

\*No change for Non-Registered provider – The Iowa Legislature has directed the Lead Agency to set rates in a manner so as to provide incentives to non-registered providers to become registered.

% = percent change or difference from 2002 to 2004 rates

- How the payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey (i.e., describe the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

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The current reimbursement structure applies a maximum statewide rate – based on the 75<sup>th</sup> percentile of the market rate survey – and reimburses based on the type of setting and the age of the child. Rates are further established based on basic care and providing care for children with special needs. Half-day unit rates are established for basic and special needs care by three age groupings for the provider categories of child care center, registered group home, registered family home and non-registered family home.

The following reflects the rates in effect with the submission of the plan and went into effect January 1<sup>st</sup>, 2007. Prior to that, rates had been increased on 9/1/05 to the 2002 market rate survey.

<b>Table I</b> <b>Half-Day Maximum Rates for Basic Care</b>				
Age Group	Child Care Center	Child Development Home – Category C	Child Development Home – Category A & B	Nonregistered Family Home
Infant and Toddler	\$15.50	\$11.50	\$12.00	\$8.19
Preschool	\$12.50	\$11.25	\$11.25	\$7.19
School Age	\$11.25	\$10.00	\$10.00	\$7.36

<b>Table II</b> <b>Half-Day Rate Maximum Rates for Special Needs Care</b>				
Age Group	Child Care Center	Child Development Home – Category C	Child Development Home – Category A & B	Nonregistered Family Home
Infant and Toddler	\$48.00	\$12.38	\$15.75	\$10.24
Preschool	\$28.13	\$12.38	\$14.63	\$ 8.99
School Age	\$28.04	\$11.25	\$13.50	\$ 9.20

Definition and Terms Applicable to Rate Structure:

Unit of Service:

- A half-day unit is up to five (5) hours of care per 24-hour period.

Age Groups:

- *Infant and Toddler* means a child aged two weeks to two years.
- *Preschool* means a child aged two years to school age.
- *School Age* means a child in attendance in full-day or half-day classes, including kindergarten.

Provider Types:

- *Child Care Center* means a licensed child care center or a child care facility exempt from licensing or registration (a child care program operated by or under contract to a public or nonpublic school accredited by the Department of Education).

- *Child development Home Category C* means a child care home (formerly known as ‘registered group’) that has received a certificate of registration from the state.
- *Child development Home Category A or B* means a child care home (formerly known as “registered family”) that has received a certificate of registration from the state.
- *Nonregistered Family Home* means a family child care home (including relative care) that is not registered with the state.

NOTE: In-home care is paid at the federal minimum wage amount. At the current rate of \$6.20 an hour, this calculates to a half-day rate of \$31.00.

#### Assuring Access:

The use of NACCRRWare allows data to be collected on an extensive and unduplicated number of providers, yielding a statistically valid measure and is the most reflective of the current market. The updating of provider rates on NACCRRWare now occurs annually - the CCR&R's are now required, via their contracts with DHS, to update all provider rates by September 1<sup>st</sup> of each year. Using this timetable allows an opportunity for providers to make any adjustments in their private pay rate, if necessary, to access the maximum state rate and coincided with an annual market update that typically occurs for preschools and centers.

As the Lead Agency moves to a new Child Care Management Information System and retains NACCRRWare with the CCR&R system, it may be possible to obtain more point-in-time rate information on providers subsidized under the CCA program as well as those from those providers who are referable providers with CCR&R. The combination of the two data sets should yield even greater accuracy and analysis to assist in rate-setting.

As stated in the prior section, the current rate structure establishes rates that still meet at least the 60<sup>th</sup> percentile of the market rate (when compared to the 2006 market information.). Four of the rates are at the 70<sup>th</sup> percentile or higher -- School age in a center, preschool and school age in a Child Development Home (CDH) Category A & B home, and preschool care in a Child Development Home (CDH) Category C. School-age care in a Child Development Home Category C (highest capacity of home) is at the lowest end of the range, at the 60<sup>th</sup> percentile. The often-argued most difficult form of care to assure access – infant care – is at the 68<sup>th</sup> percentile in centers and CDH Category A&B and at the 64<sup>th</sup> percentile in CDH Category C.

Rates for non-registered home providers continue to be frozen at a pre-1996 rate, as an incentive to encourage registration. While at a frozen rate, families continue to seek non-registered care, serving 21% of all the children served in state fiscal year 2007 and accounting for 16% of all expenditures. As time has passed since the rate was frozen, the incentive grows larger, as the 2006 data would indicate that non-registered unit rates are comparable to those of Child Development Homes in urban settings, and are lower in rural settings by \$1.50 for infant and preschool care, \$.75 for school-age care. Therefore, becoming a registered provider would allow the provider to receive reimbursement from the state comparable to that of their private pay.

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The market rate structure appears to support equity of access as would be expected for usage across the across the care types. The breakout for the remaining type of care by rounded percent of children served and percent of expenditures :

Setting	% of Children Served	% of Expenditures to Setting
Center	37%	41%
Child Development Home Category A&B	35%	35%
Child Development Home Category C	7%	6%

Note: As of data through June 2007

Finally, an analysis of urban and rural rates would support the assumption that the current rate structure is yielding access for parents. For Child Development Homes Category A&B, as well as non-registered homes, the ranges is almost negligible, with preschool care urban to rural showing the largest spread - \$12.50 half-day unit vs. 11.25. The current reimbursement rates for Child Development Home Category C show no differences between the geographic settings. For infant care in a center in a rural setting the 2006 rate at the 75<sup>th</sup> percentile was \$18.00 vs \$13.05 in a rural setting. The established rate of \$15.50/unit thus assists rural providers.

Rates for providing care to children with special needs have been excluded from the past three surveys. In past surveys, gathering data on this particular pool has proven very challenging due to the limited number of providers who indicated they charge a different rate. Thus, a very limited pool results from which to extract a 75<sup>th</sup> percentile. Rates from the 1998 survey continue to be used. The Department is reviewing the policies of other states and exploring alternative methods of reimbursing providers in the context of the basic rate structure (i.e., establishing the special needs rate at 1.5X the basic rate, etc.)

Access can only be “ensured” to the extent that funding exists to align state rates as tightly as possible to the current private pay structure. There can be no question that disparities are certainly growing in pockets around the state between the state rates and current private pay rates. The efforts of the Iowa Legislature increasing rates to the 2004 market rate effective January 1, 2007 narrowed that margin further and provided less disparity for many families and providers. Other strategies employed by the Department, including allowing providers to bill every two weeks, allowing absence days for children, that more closely align the private pay structure with the state reimbursement structure, all serve to foster access.

- Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

X Yes. If, yes, describe.

In 2000, the Department reviewed, at legislative direction, establishing rates by county, cluster, region, and rural/urban (versus the current statewide rate). The final analysis yielded that:

- Establishing a county rate was impractical due to the sparse provider population in some counties

- Establishing a cluster rate, in addition to being administratively cumbersome to a centrally administered program, also did not result in rates that exceeded the state maximum
- Establishing a regional rate also does not increase rates beyond the maximum rate. Only one region, Des Moines, shows a significant difference from the other regions in terms of rates. This is probably truly more of a rural/urban difference, because of the 9 counties considered urban in Iowa, 3 of them are in the DM region. Under a regional approach a significant number of providers across the state would see a decrease in their reimbursed rates.
- Establishing a rural/urban does not equalize the rate structure, as many rural areas realize a better benefit under the current statewide rate than they would realize under a rural/urban. Establishing a rural rate at less than the current maximum raises some concern in supporting infant care options in rural Iowa.

While the field structure of the Department has changed since that time, the issues of assisting access in the rate structure remain largely unchanged. In addressing issues of access, it may be as prudent to have continuing dialogue about the method of reimbursement that arrives at a closer representation of a providers' actual costs of care, including incentives for quality improvement and for providing alternative care (2<sup>nd</sup>/3<sup>rd</sup> shift, weekend, mildly ill, etc.) than to solely focus on a bi-annual increase. Consideration may also be given to increasing the reimbursement level of the market rate (above the current 75<sup>th</sup> percentile). Doing so may yield greater *access* for parents, *retention* of providers, and *positive outcomes* for Iowa's children.

No.

- Does the State have a tiered reimbursement system (higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements)?

Yes. If yes, describe:

X No.

### **3.3 Eligibility Criteria for Child Care**

#### **3.3.1 Age Eligibility**

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

X Yes, and the upper age is to age 19.

No.

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

Yes, and the upper age is \_\_\_\_.

X No.

### 3.3.2 Income Eligibility

**Complete** columns (a) and (b) in the matrix below. Complete Columns (c) and (d) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI.

			IF APPLICABLE	
Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	Income Level, lower than 85% SMI, if used to limit eligibility	
			(c) \$/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	2842	2416	1234	43%
2	3716	3159	1655	45%
3	4591	3902	2075	45%
4	5465	4645	2496	46%
5	6339	5388	2916	46%

If the Lead Agency does not use the SMI from the most current year, **indicate** the year used:

The Lead Agency uses the State Median Income (SMI) of the federal fiscal year 2008.

The Federal Poverty Levels in effect as of July 2007 reflect the 2007 Poverty Guidelines.

If applicable, indicate the date on which the eligibility limits detailed in column (c) became or will become effective:

July 1, 2007 (SFY08) - updated annually to reflect revised Federal FPL

(Note: Eligibility increased to 145% FPL effective September 1<sup>st</sup>, 2005. Prior eligibility had been set at 140% FPL and was established July 1, 1998 (SFY99))

How does the Lead Agency define “income” for the purposes of eligibility?  
Describe and/or include information as Attachment 3.3.2. (§§98.16(g)(5),  
98.20(b)) --

NOTE: Information is included as an attachment and is provided below.

The non-exempt monthly gross income of any person included in the family size is used in determining the family’s income. The monthly gross income is the monthly sum of income received by a person from the following sources that are identified by the U.S. Census Bureau in computing the median income:

- Alimony
  - Casino Profits
  - Child support
  - Dividends, interest on savings or bonds, income from estates or trusts, net rental income or royalties
  - Money, wages or salary
  - Net rental income or royalties
  - Net income from farm self-employment
  - Net income from non-farm self-employment
  - Pensions and annuities
  - Public assistance or welfare payments
  - Social Security
  - Strike pay
  - Supplemental Security Income
  - Permanent Disability Insurance (SSDI)
  - Railroad Retirement Insurance
  - Unemployment compensation
  - Workers compensation
  - Veterans benefits
  - Work Study
  - Cash Payments
  - Volunteer Service Organizations (i.e., VISTA, AmeriCorps)
- Is any income deducted or excluded from total family income (for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

X Yes. If yes, describe what type of income is deducted or excluded from total family income.

The following types of income are excluded from the computation of monthly gross income:

- Earnings of a child 14 years of age or under.
- Payments or earnings received by any youth under the Workforce Investment Act (WIA).

- The first \$65 and 50% of the remainder of income earned at a sheltered workshop or work activity center.
- The income of the parents with whom a teen parent resides if the application is for the teen parent's child.
- The income spent on any regular, ongoing cost that is specific to a child's disability. Note: A family must be applying for Child Care Assistance for the special needs child in order to exclude this income.
- Payment from Iowa Individual Assistance Program
- Loans and gifts that are:
  - Obtained and used under conditions that preclude their use for current living costs such as scholarships,
  - Made or insured under the Higher Education Act to any undergraduate student for educational purposes.
- Capital gains and money received from sale of property, such as stocks, bonds, a house, or a car. (**Note:** If the person is engaged in the business of selling such property, the proceeds are counted as income from self-employment.)
- Lump-sum inheritances or insurance payments or settlements, such as (but not limited to):
  - Per capita payment to, or funds held in trust for, any person in satisfaction of a judgment of the Indian Claims Commission or the Court of Claims.
  - Payments made pursuant to the Alaska Native Claims Settlement Act, to the extent such payments are exempt from taxation under Section 21(a) of the Act.
  - Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies of 1970.
  - Agent Orange Settlement payments.
- Use of personal resources, such as:
- Withdrawals of bank deposits.
- Tax refunds.
- Home produce used for household consumption.
- Certain public assistance income, including:
  - The value of the benefit allotment in the food assistance program.
  - The value of United States Department of Agriculture (USDA) donated foods.
  - The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food program for children under the National School Lunch Act, as amended.
  - The value of payments to vendors or vouchers under the pilot FIP diversion program and the statewide Family Self-Sufficiency Grant program.
  - Adoption subsidy payment received from the Department
- Payments from the Low-Income Home Energy Assistance Program (LIHEAP).
- Stipends received by persons for participating in the Foster Grandparent program under Public Law 93-113, Section 418, Part B.
- Public housing subsidies.
- Monies received under the federal Social Security Persons Achieving Self-Sufficiency (PASS) program or the Income Related Work Expenses (IRWE) program.

No.

- Is the income of all family members included?

X Yes.

For the purpose of determining family size, the family includes the following members:

- Legal spouses (including common law) who reside in the same household
- Natural, adoptive, or stepmother or father, and children who reside in the same household
- A parent under the age of 18 and children who reside in the same household. Consider only the teen parent and the teen parent's children in the family size.
- A child who resides with a person or persons not legally responsible for the child's support;
- A companion in the home is not considered in determining family size or income unless there is a common child.

The composition of the family does not change when one or more of the family members is temporarily absent from the household. Persons who meet the definition of temporary absence are considered when determining family size.

Temporarily absent means:

- A medical absence anticipated to be less than three months.
- An absence for the purpose of education or employment
- Absence of a family member who intends to return home within three months

No. If no, describe whose income is excluded for purposes of eligibility determination.

### 3.3.3 Eligibility Based Upon Receiving or Needing to Receive Protective Services

Does the State choose to provide child care to children in protective services, as defined in Appendix 2? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

X Yes.

No.

Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

X Yes. "Protective services" is defined in the appendix

No.

Not applicable. CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)

X No.

### 3.3.4 Additional Eligibility Conditions

Has the Lead Agency established additional eligibility conditions?  
(658E(c)(3)(B), §98.16(g)(5), §98.20(b))

X Yes, and the additional eligibility conditions are: (Terms must be defined in Appendix 2)

Child care services are provided without regard to income for:

- families with a child with protective needs
- participants in PROMISE JOBS-approved activities
- recipients of FIP, and
- people whose earned income was considered in determining the needs of a FIP recipient

No.

### **3.4 Priorities for Serving Children and Families**

- 3.4.1 Complete the table below regarding eligibility conditions and priority rules. For columns (a) through (d), check box if reply is “Yes”. Leave blank if “No”. Complete column (e) if you check column (d).

Eligibility Category	(a) Guarantee subsidy eligibility	(b) Give priority over other CCDF- eligible families	(c) Same priority as other CCDF- eligible families	(d) Is there a time limit on guarantee or priority?	(e) How long is time limit?
Children with special needs	<input type="checkbox"/>	X	<input type="checkbox"/>	No	
Children in families with very low incomes	<input type="checkbox"/>	X	<input type="checkbox"/>	No	
Families <u>receiving</u> Temporary Assistance for Needy Families (TANF)	X	<input type="checkbox"/>	<input type="checkbox"/>	No	
Families transitioning from TANF	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	

- 3.4.2 Describe how the State prioritizes service for the following CCDF-eligible children: (a) children with special needs and (b) children in families with very low incomes. Terms must be defined in Appendix 2. (658E(c)(3)(B))

By law, the following persons are eligible for child care assistance:

Families who meet eligibility guidelines and are described by any of the following circumstances:

- The child's parent, guardian, or custodian is participating in approved academic or vocational training.

- The child's parent, guardian, or custodian is seeking employment. Eligibility for assistance while seeking employment is limited to thirty days during a twelve-month period.
- The child's parent, guardian, or custodian is employed and the family income meets income requirements.
- The child's parent, guardian, or custodian is absent for a limited period of time due to hospitalization, physical illness, or mental illness, or present in the home but unable to work or care for the children as verified by a physician.
- The child needs protective services to prevent or alleviate child abuse or neglect.

In times of a waiting list for the child care assistance program, families with the lowest incomes who are working or in school, as well as families with children with special needs, are prioritized to receive services.

In addition, families with children with special needs are eligible at a higher level of eligibility and the care of the child can be reimbursed at a higher level than the 'basic care' rate if warranted.

- 3.4.3 Describe how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

TANF in Iowa is known as the Family Investment Program (FIP). FIP recipients can access child care subsidy in two ways, depending on the participant's circumstances:

- PROMISE JOBS, Iowa's work and training program for FIP recipients.
- Child Care Assistance.

FIP recipients who are participating in PROMISE JOBS components are eligible for child care subsidy, through Child Care Assistance, during component activity without application of the sliding fee scale. FIP recipients in paid employment are also eligible, notwithstanding income guidelines, for Child Care Assistance if there is a need for services. The sliding fee scale for Child Care Assistance is not applied to FIP recipients in paid employment.

The state will meet the child care needs of families who cease to be eligible for FIP as a result of increased income from employment by a member of the eligible group, receipt of child support, loss of the Child Care Disregard because of the new seamless child care system, or voluntary cessation of FIP benefits through Child Care Assistance. However, families will be subject to the eligibility criteria and the sliding fee scale which is based on income and family size.

Prior to July 1, 1999, the state met the child care needs of families who ceased to be eligible for FIP as a result of increased income from employment by a member of the eligible group, receipt of child support or voluntary cessation of FIP benefits through the availability of Transitional Child Care for twenty-four months. Child care was provided without regard to income; however,

families were subject to a sliding fee scale based on income and family size. The Transitional Child Care program was eliminated under the efforts to move to a “seamless” child care system.

The state will meet the child care needs of families at risk of becoming eligible for FIP by setting income guidelines low enough so that families may receive the child care subsidy to avoid dependency on FIP (see guidelines in 3.3.1).

3.4.4 Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

X Yes, and the additional priority rules are: (Terms must be defined in Appendix 2)

No.

During times of insufficient funds, a “waiting list” is implemented, during which time it is possible that no additional families are served beyond current caseload. When the Lead Agency determines additional families can be served, families are approved for services in the following order of prioritization:

1. Families who are at or below 100 percent of the federal poverty level whose members are employed at least 28 hours per week and parents with a family income at or below 100 percent of the federal poverty level who are under the age of 21 and are participating in an educational program leading to a high school diploma or equivalent.
2. Parents with a family income at or below 100 percent of the federal poverty level who are under the age of 21 and are participating at a satisfactory level in an approved training program or in an education program.
3. Families with an income of more than 100 percent but not more than 145 percent of the federal poverty level whose members are employed at least 28 hours per week.
4. Families with an income at or below 200 percent of the federal poverty level whose members are employed at least 28 hours per week or are participating in an approved training or education program and who have a special needs child as a member of the family.

3.4.5 Does the Lead Agency serve all eligible families that apply?

X Yes.

No.

3.4.6 Does the Lead Agency maintain a waiting list?

- X Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?

No.

[NOTE: At the time of the submission of the state plan, Iowa is NOT under a waiting list.]

The Lead Agency has established priority groups to be served in times of waiting lists for the child care assistance program. When implemented, the waiting list is managed at the state level.

In prioritizing services, the Department has the authority to implement waiting lists for child care assistance when funds are insufficient to serve additional families beyond those already receiving services and those requiring protective child care. The priority groups, as established by the Legislature, define which families receive services first. The amount of funds available determines the number of priority groups from whom applications will be taken.

The following are served as a priority group during implementation of waiting lists:

- (1) Families with an income at or below 100 percent of the federal poverty level whose members are employed at least 28 hours per week, and parents with a family income at or below 100 percent of the federal poverty level who are under the age of 21 and are participating in an educational program leading to a high school diploma or equivalent.
- (2) Parents under the age of 21 with a family income at or below 100 percent of the federal poverty guidelines who are participating, at a satisfactory level, in an approved training program or in an education program.
- (3) Families with an income of more than 100 percent but not more than 145 percent of the federal poverty guidelines whose members are employed at least 28 hours per week.
- (4) Families with an income at or below 200 percent of the federal poverty guidelines whose members are employed at least 28 hours per week with a special-needs child as a member of the family.

Effective July 1, 2003, the following are eligible for child care assistance notwithstanding a lack of funding (i.e., waiting lists shall not apply):

- Participants in approved PROMISE JOBS activities
- Recipients of FIP
- A family that is receiving child care assistance at the time a child is born into the family. The newborn child shall be approved for services when the family reports the birth of the child.
- Children who need protective services to prevent or alleviate child abuse or neglect.
- A family who is eligible for child care assistance and also receives an adoption subsidy for the child.

### **3.5 Sliding Fee Scale for Child Care Services**

- 3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of the current sliding fee scale for child care services and an explanation of how it works is provided as Attachment 3.5.1.

The attached fee scale will be effective as of July 1<sup>st</sup> 2007. All responses to this section will pertain to the fee scale in effect on that date.

Note: The Lead Agency is adopting a new methodology for establishing the sliding fees for families. The new structure will apply the fee based on the number of children in care. A copy of the new fee schedule that will go into effect 07/01/07 is also included in the Attachment 3.5.1.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

☒ Yes, and the following describes any additional factors that will be used:

The Iowa Department of Human Services does not require fee assessment for:

- Families at or below 100% of the federal poverty guidelines (income increment level A).
- Families with a child with protective needs where services are provided without regard to income. The child must be a member of a family with one of the following: A confirmed case of child abuse, or episodes of family or domestic violence, or substance abuse which place the child at risk of abuse or neglect and have resulted in a service referral to family preservation or family centered services.
- Participants in approved PROMISE JOBS activities.

When more than one child in a family is receiving child care services, the fee is based on the child who receives the most care (the most units of service). An additional fee for each child is not assessed.

No.

- 3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

☒ Yes.

No, and other scale(s) and their effective date(s) are provided as Attachment xxx

- 3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$1,431.

The Lead Agency must select ONE of these options:

- ☒ ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.  
ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.  
SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The following describes these families:

- 3.5.4 Does the State allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

Yes.

- ☒ No.

The Department requires a subsidized child care assistance provider to sign a Child Care Assistance Provider Agreement. By signing the Child Care Assistance Provider Agreement, the provider accepts payment through the Department's payment system, and cannot request additional payment from the parent, except for the fees from the sliding fee scale. However, the cost of care provided beyond the approved hours, which is not covered by the number of approved units of service, is the responsibility of the parent.

- 3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) were determined to be affordable: (§98.43(b)(3))

- Fees are charged to clients eligible under the Child Care Assistance program's criteria, but not to those at or below 100% FPL, those participating in PROMISE JOBS program components or those families receiving services without regard to income due to a protective service situation.
- The sliding fee schedule is applied based on the number of persons in the family, the income of that family, and how many children are in care. The state determines the number of persons in the family (which is the same number of persons used when determining income eligibility for service). The state determines the number of persons in the family, the monthly family income, and how many children are in care.
- When more than one child is attending a child care program, there is no additional fee. The fee is based on the child who receives the most care.

- The fees charged to families for child care (basic care) range from \$0.00 to \$3.95 per half-day unit (i.e., up to 5 hours of care). The maximum half-day fee is \$6.95 if the child has a special need.
- The monthly income chart and sliding fee schedule for child care services are applied regardless of the services being provided by a licensed child care center, an exempt facility, a registered child development home, a nonregistered child care home, or in-home care.

The CCDF regulations suggest that co-payments that are no more than 10% of a family's income would be a litmus test for "affordability." Other studies have suggested 7% should be a target for co-pays for families of all incomes. Based on Iowa's eligibility:

- For a family of 4 just over 100% FPL, the co-payment for a month would equate to 5%-1.5% of the family's gross monthly income depending on the number of children in care.
- For a family of 4 at the maximum eligibility of 145% FPL, the co-payment for a month of full-time care would equate to 6.3 % of the family's gross monthly income
- Iowa adjusts the eligibility levels annually (July 1<sup>st</sup> of each year) - based on the revised Federal Poverty Guidelines annually. It is therefore possible for some families' co-pay to remain the same or for the co-pay to actually decrease if the family income did not change.

## **PART 4**

### **PARENTAL RIGHTS AND RESPONSIBILITIES**

#### **4.1 Application Process / Parental Choice**

4.1.1 Describe the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). At minimum, the description should include:

- How parents are informed of the availability of child care services and about child care options
- Where/how applications are made
- What documentation parents must provide
- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4
- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs
- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies

Attach a copy of your parent application for the child care subsidy program. If the application is available on the web, provide the appropriate Web site address (application must still be attached to Plan): The application, available in both English and Spanish, can be found at:

[http://www.dhs.state.ia.us/docs/childassist\\_app.pdf](http://www.dhs.state.ia.us/docs/childassist_app.pdf).

A copy of the application is also included as Attachment 4.1.1.

Families applying for Child Care Assistance are informed about the availability of subsidy through county Department of Human Service offices, child care resource and referral agencies, child care providers, local empowerment areas and other state agencies. Application for child care services is made at the county Department of Human Services office. An application form is completed and an interview is scheduled to determine income eligibility and the need for service. There is a maximum 30-day time period between the date the signed and dated application is received in the office and the determination of eligibility by a worker. Care may begin immediately; payment for eligible families is effective with the date the signed and dated application was received in the office.

At the time of initial application and review for the Family Investment Program, workers review the individual circumstances of a family and determine if they are encountering barriers related to child care that impede their ability to meet the expectations of their Family Investment Agreement. Addressing of barriers (i.e. child care) is addressed in the initial application, and a more detailed review of circumstances and subsequent impact is then addressed by the by PROMISE JOBS staff. PROMISE JOBS participants may include barrier resolution (i.e. finding appropriate child care) as one of the steps of their Family Investment Agreement. TANF

benefits will continue as long as the family makes progress towards self-sufficiency by addressing barriers to employment.

Participants in approved PROMISE JOBS activities and current Family Investment Program recipients, and those whose earned income was taken into account when determining the needs of the Family Investment Program recipient, do not need to fill out the application for child care services. The worker can retrieve the information necessary for child care services from the parent(s) Family Investment Program application.

Families who cease to be eligible for the Family Investment Program as a result of increased income from employment, receipt of child support, or voluntary cessation of FIP benefits, are provided with child care assistance information and a referral to the local Department of Human Services office to make application if needed. Child Care Assistance information will be provided to all former Family Investment Program participants through a statement of referral to the local Department of Human Services office on the notice canceling their FIP grant.

Families are eligible for child care assistance when they meet the eligibility requirements outlined in Iowa Administrative Code. Each family is subject to at least six-month reviews for eligibility determination.

Families have to demonstrate their eligibility at the time they enter Iowa's child care assistance program. Families are not presumed to be eligible for a specific period of time. Any changes in the status of a client always needs to be reported in a timely manner and then eligibility is then reviewed.

4.1.2 Is the application process different for families receiving TANF?

X Yes. If yes, describe how the process is different:

FIP recipients, and those whose income is taken into account when determining the needs of the FIP program recipient, do not need to complete an application for child care assistance. They are eligible regardless of income as long as there is a need for service. A fee is not assessed to this group.

No.

4.1.3 The following is a detailed description of how the State ensures parental choice by making sure that parents are informed about their ability to choose from among family and group home care, center-based care and in-home care including faith-based providers in each of these categories.

Parents are informed about available care options at first contact with the county Department of Human Services office and at the eligibility determination interview. No restrictions are placed on a parent in selecting care (other than the provider must be an 'approved provider' – having

been screened and evaluated to have no child abuse or criminal history that would prevent involvement in child care. As Iowa does not apply a differing set of regulations or exclusions on faith-based providers, they are in the pool of “approvable providers.” Children receiving protective care must be served in a regulated setting.) Additionally, parents accessing child care resource and referral services are provided counseling and printed materials that address quality indicators to assist them in making an informed child care decision as well as the full array of providers available to them in their community. A pamphlet, “*Child Care Assistance*,” is available at the county Department of Human Services offices, child care resource and referral agencies, and PROMISE JOBS offices. The pamphlet outlines the full array of providers the parent may select to provide care. (A copy has been provided with prior CCDF state plans and is available from the Lead Agency upon request.) Child care providers can also request the pamphlet to distribute to the families they serve. The pamphlet provides information about the Child Care Assistance program and the rights and responsibilities of parents eligible under this program.

- 4.1.4 Does the State conduct activities aimed at families with limited English proficiency to promote access to child care subsidies and reduce barriers to receiving subsidies and accessing child care services?

X Yes. If yes, describe these activities, including how the State overcomes language barriers with families and providers.

The child care assistance brochure, application and review form have been translated into Spanish to promote access to subsidies. The eligibility workers have access to the AT&T language line for translation services. In addition, our CCR&R partners have translated all of their core parent and provider materials into Spanish and several foundational training opportunities are provided in Spanish.

No.

## **4.2 Records of Parental Complaints**

The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

For licensed child care centers, a record of all complaints and licensing violations are kept in the licensing file and are available to the public upon request. The identity of the complainant is not disclosed unless the complainant has waived anonymity. The licensing file can be accessed by the public by contacting the child care consultant assigned to the center. For that purpose, the name, address and phone number of the consultant is conspicuously posted at each center.

For registered child development homes, a record of all complaints and regulatory violations are kept in the regulatory file in each county Department of Human Services office. The file is

available to the public upon request, except that the identity of the complainant is not disclosed unless the complainant has waived anonymity.

#### **4.3 Unlimited Access to Children in Child Care Settings**

The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

State child care regulations found in Iowa Administrative Code require that licensed child care centers, registered child development homes, and nonregistered child care homes, including in-home care providers, allow parents unlimited access to their children and to the providers caring for their children during the normal hours of operations or whenever their children are in the care of the providers. The only exception to this rule is if parental contact is prohibited by court order.

#### **4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care**

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: The Iowa Department of Human Services.

Pursuant to 45 Code of Federal Regulations (CFR) 261.56, DHS, the State TANF agency, has adopted the following definitions and criteria to be used in determining if a single custodial parent with a child under age six demonstrates an inability to obtain needed child care and is exempt from sanctions for failure to meet work requirements.

- "appropriate child care":  
means that the child care provider is a licensed center, a registered child development home, an exempt facility, or someone who has an approved review or evaluation of child abuse and criminal record checks and can meet the minimum health and safety requirements for nonregistered child care home providers.

- "reasonable distance":

means that the required travel time from home to the work-related activity does not exceed one hour each way including the travel time necessary to take a child to a child care provider.

- "unsuitability of informal child care":

means a child care center who has not completed the licensing process or a nonregistered child care provider who cannot be approved upon evaluation of child abuse or criminal record checks or who cannot meet the minimum health and safety requirements for nonregistered child care home providers.

The unavailability of appropriate child care within reasonable distance from the participant's home and work-related activity does exempt a PROMISE JOBS participant from work requirements. Participants must demonstrate an inability to obtain needed child care. If the participant needs assistance in choosing a provider, the PROMISE JOBS or Department of Human Services (DHS) local office will refer the participant to the child care resource and referral agency serving the county or provide the participant with the list of approvable providers kept by the county DHS office. The availability of appropriate child care will be verified periodically. This exemption does not extend the 60-month life-time benefit limit.

DHS informs parents of the child care exception to work requirement sanctions and of the definitions and criteria above used to determine whether a parent demonstrates an inability to obtain needed child care. Parents are also advised that granting this exception does not extend the time limit for receiving federal TANF benefits.

- "affordable child care arrangements":

means that child care for approved PROMISE JOBS components is provided at no cost, except for the Monitored Employment component, which may include a co-pay. Co-payments are based upon a sliding fee schedule through the Child Care and Development Fund in accordance with 441--IAC 130.4(234, 239B).

## **PART 5**

### **ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE**

#### **5.1 Quality Earmarks and Set-Asides**

- 5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; describes the expected results of the activities and, if the activities have been ongoing, the actual results of the activities. For the infant and toddler earmark, the State must note in its description of the activities what is the maximum age of a child who may be served with such earmarked funds (not to exceed 36 months).

Note: These funds, formerly known as “earmarks” are now referred to at the federal level as “targeted funds.”

#### **Infants and toddlers:**

Funding from the I&T targeted fund has been directed to activities that support quality care for children birth to age three (birth to 36 months):

1. The Iowa Program for Infant & Toddler Care (IA PITC) -- support for statewide delivery of the five modules to providers and development of an infant/toddler specialist network. Iowa PITC is helping providers understand how to offer quality care for children ages birth-3. Regional Infant Toddler Specialists – located in the five Child Care Resource and Referral Agencies regional offices -- coordinate free, community-based trainings across the state. In addition, consultation and technical assistance to providers completing the PITC series is made available. Certified PITC trainers are leading caregivers through individual, small and large group activities, as well as utilizing materials and videos in training efforts. Nine colleges and universities have certified PITC faculty embedding the content in undergraduate early childhood degrees. Several Area Education Agencies have facilitated graduate level PITC courses for early childhood special education professionals. Community-based collaboration exists with USDA Rural Development to assist communities in developing new birth to three programs.
- The Iowa Program for Infant & Toddler Caregivers has implemented a training plan/incentive program. Child care providers who work directly with children ages birth-3 are eligible to receive a bonus of \$250 for attending all forty (40) hours of Modules I-IV, and a bonus of \$50 for completion of Module V. The bonus provides for a level of compensation for the extra time involved and serves as an incentive to attend training beyond the state required training hours.
  - Funds continue to be targeted for certification for new Infant and Toddler Specialists and community-based trainers.

2. TEACH – minimal funding is directed to the Iowa Association for the Education of Young Children from the I&T targeted funds. These funds are used to support this nationally recognized scholarship and compensation program, of which almost half of the recipients work with infants and toddlers.

Note: During the prior state plan timeframe, collaborative efforts occurred with the Head Start State Collaboration Office to expand Early Head Start sites. Four EHS sites that serve children birth to age three were funded with “seed” funds from the Lead Agency. Due to the effort of advocates and interested legislators, the Iowa Legislature continued and expanded funding of the projects during the 2007 General Assembly.

In the state’s efforts funded with the infant and toddler earmark, the expected results would be to 1) expand the number of providers serving infants and toddlers; 2) increase the quality of care provided infants and toddlers via providers’ participation in a research-based, proven curriculum; and 3) increase the continuity of care for Iowa’s youngest children by supporting and thus retaining providers serving infants and toddlers.

**Resource and referral services:**

A large portion of the state’s 4% quality set-aside CCDF funds are directed to contracts that support the statewide system of Child Care Resource and Referral (CCR&R) agencies. Consequently, minimal funding for provider training from the resource and referral/school-age discretionary targeted funds is directed to the CCR&R’s. These funds are used to support the state-wide delivery of the “Welcome to School Age Care” training curriculum.

[See results listed for school-age care]

**School-age child care:**

The Lead Agency contracts with the Iowa School Age Care Alliance to implement the following strategies:

- Providing support and incentives for expansion and retention of school-age care providers by maintaining an ongoing provider equipment grant program administered by the IAA.
- Participation in state and national professional development opportunities.
- Hosting annual state-wide afterschool conference.

In the state’s efforts funded with the school-age earmark, the expected results would be to 1) expand the number of providers serving school-age children; 2) increase the quality of care by increasing providers’ participation in school-age training; 3) establish a baseline of training content for school-age providers via statewide delivery of a curriculum, and 4) increase positive outcomes for school-age children by supporting and thus retaining school-age care providers.

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality

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activities (not including earmarked funds) during the 1-year period: October 1, 2007 through September 30, 2008:

\$ 13,507,129 (16.5 %)

[NOTE: This includes the TANF funds transferred by law into the child care development fund for the specific purpose of funding Empowerment-Early Childhood]

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- 5.1.3 Check each activity the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

Activity	Check if undertaking/will undertake	Name and type of entity providing activity IDENTIFIED IN TEXT BELOW	Check if this entity is a non-governmental entity? SEE IN TEXT BELOW
Comprehensive consumer education	X		
Grants or loans to providers to assist in meeting State and local standards	X		
Monitoring compliance with licensing and regulatory requirements	X		
Professional development, including training, education, and technical assistance	X		
Improving salaries and other compensation for child care providers	X		
Activities in support of early language, literacy, pre-reading, and early math concepts development	X		
Activities to promote inclusive child care	X		
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	X		
Activities that increase parental choice	X		
Other activities that improve the quality of child care (describe below).	X		
Other activities that improve the availability of child care (describe below).	<input type="checkbox"/>		
(§98.51(a)(1) and (2))			

### **Non-Governmental Entities**

The following non-governmental entities serve as partners in implementing quality improvement activities:

- Child Care Resource and Referral Agencies (CCR&R's) – CCR&R service provided under umbrella agencies that are Community Action Agencies and non-profits
- Iowa School Age Care Alliance – a non-profit, non-governmental community/area multi-service agency
- Iowa Association for the Education of Young Children (IAEYC) – a non-profit, non-governmental affiliate of NAEYC.
- First Children's Finance – a non-profit organization
- National Child Care Association -- a non-profit professional trade association

5.1.4 For each activity checked, describe the expected results of the activity. If you have conducted an evaluation of this activity, describe the results. If you have not conducted an evaluation, describe how you will evaluate the activities.

NOTE: Please note that many of the activities described below could be placed under multiple categories as well as included under section 5.2.1 (Early Learning Standards) and 5.2.2 (Professional Development System) – for purposes of clarity and reducing redundancy, only one category was selected for each activity. Placement in either this section or 5.2.1/5.2.2 is not intended to limit the impact or merit of each activity on the broad spectrum of quality improvement.

### Comprehensive Consumer Education

- Funding of the CCR&R system to deliver, as one component of their core services, extensive consumer education materials that are delivered through a variety of strategies. CCR&R provide resources to child care providers to support them in their legitimate role as providers of consumer education to parents. (CCR&R)
- Support of NACCRRWare for enhanced and web-based parent referrals and to yield consistent, reliable, statewide data. (CCR&R)

### Grants or loans to providers to assist in meeting State and local standards

- The Lead Agency funds the National Administrator Credential (NAC) for Center Directors training. This is a forty (40) hour training series, and the only nationally recognized director credential which is offered through the National Child Care Association (NCCA). The training provides an overview of program development, system management, staff management, facility, legal issues, community relations, financial management and self-development. NAC training is part of the Quality Rating System for Iowa's child care providers. Making available via the CCR&R system "business start-up kits" for home providers who participate in training related to business practices and receive support from a child care home consultant. (CCR&R & National Child Care Association)
- First Children's Finance continues to make loans available to Iowa's child care centers and child development homes. The Lead Agency, in partnership with CCR&R and Community Empowerment, is working to expand this opportunity to include a Business Development

Center, with the goal of increasing the number of financially viable child care providers.  
(First Children's Finance)

Monitoring compliance with licensing and regulatory requirements

- Conducting criminal record and child abuse checks on licensed and registered providers as well as non-registered child care providers who provide care to children receiving child care assistance. (Lead Agency)

Professional development, including training, education, and technical assistance

- Enhancing the skills of child care providers, through providers training funds allocated to the CCR&R's. Provider training funds are directed to 'foundational' training: ChildNet, Welcome to Child Care, Welcome to School-Age Care and the Program for Infant & Toddler Care. Additional funds may be used to assist providers in meeting minimum training requirements, including: training in child development, guidance and discipline, appropriate practices, health and safety, nutrition, communication skills, business practices, professionalism, ethics, and cultural diversity. (CCR&R)
- ChildNet, a twenty hour training curriculum designed for child development home providers, has been revised to ensure alignment with current research and best practice. A train-the-trainer was held in April, 2007. (CCR&R)
- As a part of the Child Care Management Information System procurement, a provider training registry is being established. This registry will include a listing of classes available to child care providers, on-line registration capabilities, development of a "transcript" for individual providers, as well as a listing of trainers available throughout the state. (Lead Agency & CCR&R)
- Funding of the staffing support for the Child Care Provider Training Registry. (Lead Agency)
- Supporting on-going statewide delivery of ChildNet via the CCR&R's. (CCR&R)
- Provision of "business kits" to child development home providers that complete a business practices training. These kits include specific items to help the provider adopt sound business practices, and therefore help retain quality providers. (CCR&R)

Improving Salaries and Other Compensation for Child Care Providers

- Implementation of Iowa's T.E.A.C.H. Early Childhood, a scholarship and compensation initiative based on the education of child care providers. TEACH scholarships will be available for BA, AA, and CDA programs (including specialization in birth to age three). Partnerships have been formed with Community Empowerment Areas, who are now contracting with TEACH to provide scholarships for specific counties. The project has developed "presenters kits" for Child Care Resource and Referral training coordinators and community college early childhood faculty. (Iowa Association for the Education of Young Children)

Activities in support of early language, literacy, pre-reading, and numeracy development;

- Expanding reading readiness skills in children served in child care settings by supporting the CCR&R as one of the vehicles to deliver Iowa's Every Child Reads initiative. In addition,

The Program for Infant & Toddler Care is a comprehensive approach for infants and toddlers' support of language development. (CCR&R)

- Support for the implementation efforts of the Iowa Early Learning Standards. (Lead Agency and Dept. of Education)

Activities to promote inclusive child care

- Continue to identify partnership opportunities with Child Health Specialty Clinics, Department of Education, Early Access, Area Education Agencies and other interested stakeholders to advance inclusive child care. DHS staff participate on the Natural Allies advisory team and on the Early Childhood Inclusion Workgroup begun by OSEP's efforts in SFY06. (Lead Agency)
- Though funded under the Infant and Toddler targeted fund, the disabilities-specific Module V of PITC is also delivered as a statewide training opportunity. (CCR&R)

Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children:

- Supporting the state and regional administrative infrastructure of HCCI – including the state coordinator, project staff, and five regional nurse consultants. The effort includes supporting the QRS, including observations in child care settings around child record review, health and safety assessments and injury preventions. (CCR&R & Dept. of Public Health-DPH)
- Providing health and safety resources to providers through the Healthy Families Talkline. (DPH and Iowa State University Extension)
- Facilitating professional development opportunities for consultants on a range of health, safety, and regulatory topics. (DPH)
- Expanding health and safety strategies, including communicable disease prevention/intervention; medication administration, SIDS and lead poisoning prevention, Universal Precautions and Mandatory Reporting of Child Abuse training made available statewide via the ICN, increased immunization monitoring and linkage to medical homes for families, health and safety assessment, injury prevention, and providing health and safety resources to providers and community-based professionals who support them. (DPH)
- Development of a U.S. Consumer Product Safety Commission website to keep providers apprised of recalled products or misused products and development of an assessment tool for use by nurse consultants. (DPH)

The scope of the HCCI effort can be viewed on it's website: <http://www.idph.state.ia.us/hcci/>

Activities That Increase Parental Choice.

- Continuing support to further enhance and support the statewide CCR&R system. The CCR&R's play an important role in the success of welfare reform work in Iowa by actively recruiting and training providers to accommodate the increased demand for child care. Expansion of the number of parent counselors provide guidance and support to parents in finding quality care that meets the families unique needs. (CCR&R)
- In order to assure the professionalism and practices of the CCR&R's, the Lead Agency has required in their contracts that they attain the National Association of Child Care Resource and Referral Agencies (NACCRRA) "Quality Assured" status in regard to parent referrals. (CCR&R)

Activities That Improve the Quality and Availability of Child Care.

- Funds are directed to complement the state appropriation and support underfunded implementation needs of the Quality Rating System, including support for the public awareness campaign. Iowa has a voluntary, five-level rating system for both homes and centers. (Lead Agency, CCR&R, Iowa State University and Extension)
- Provision of annual professional development opportunity for CCR&R staff. (CCR&R)
- Expanding the number of Child Care Home Consultants through the CCR&R system. The goal of the home consultant position is to increase and retain the number of registered child development homes. (CCR&R)
- Continuing support for the child care wraparound grants which provide funding for full-day, full-year services to children being served primarily in Head Start and Shared Vision (at-risk preschools) programs. (Lead Agency)
- Support for the annual Early Care, Health and Education Congress. This annual two-day conference provides professional development opportunities for the early childhood field, including information on the most current research and on state-wide initiatives. (Office of Empowerment)

In the state's efforts funded with the quality earmark, the expected results would be to 1) increase the number of parents able to successfully secure quality child care that fits their needs; 2) expand the number of providers that enter the child care industry and increase retention by supporting them in successfully maintaining a child care business; 3) increase the quality of care and positive outcomes for children via increased opportunities for post-secondary, research-based, or standardized training; 4) increase retention of providers in the early care field via support for post-secondary education and training strategies that improve compensation; 5) improve the language, literacy and pre-reading scores of children at time of Kindergarten entry; 6) increase the number of children with special needs served in inclusive settings as well as the number of early-identified children with disabilities; 7) decrease the incidence of communicable disease and injuries sustained in child care settings and improve the overall health and safety compliance of child care providers; and 8) increase the number of, and retention of, high quality, full-day, full year programming options for parents in selecting care for their children.

Many of the activities or initiatives supported with the targeted funds are nationally-recognized, research-based programs (i.e., T.E.A.C.H., NAC, PITC, etc.), and further evaluation of their effectiveness would not be warranted with the limited funds available to the Lead Agency. Others support statewide, system-building efforts and an evaluation methodology would either be cost-prohibitive or premature (i.e., CCR&R, HCCI, QRS, provider training registry, etc.). Still, others are smaller or targeted efforts for which there are not additional funds to support the development of a focused evaluation but they are based on best practice information (i.e., business kits for home providers).

Consequently, the Lead Agency engages in a perhaps a more appropriate 'evaluation' effort, that of applying performance measures within the contracts for the quality improvement activities. The activities include stand-alone projects, such as Iowa T.E.A.C.H., as well as a myriad of

projects under one umbrella project, such as the CCR&R system contracts. These measures are monitored in reports, site visits, and participation in oversight groups as a part of the Agency's contract management responsibilities.

## **5.2 Good Start, Grow Smart Planning and Development**

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and early math concepts and a plan for the education and training of child care providers. The third component of the President's *Good Start, Grow Smart* initiative, planning for coordination across at least four early childhood programs and funding streams, was addressed in Section 2.1.2.

**5.2.1 Status of Voluntary Early Learning Guidelines.** Indicate which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three to five year-olds. NOTE: Check only one box to best describe the status of your State's three-to-five-year-old guidelines.

Planning. The State is planning for the development of early learning guidelines. Expected date of plan completion: \_\_\_\_\_

Developing. The State is in the process of developing early learning guidelines. Expected date of completion: \_\_\_\_\_

Developed. The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as Attachment xxx

X **Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as Attachment 5.2.1

NOTE: In addition to submission as an attachment, the guidelines are available for review online at: [www.iowa.gov/educate](http://www.iowa.gov/educate) - under Early Childhood - Early Childhood Standards

Revising. The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as Attachment xxx

Other (describe):

Describe the progress made by the State in developing, implementing, or revising early learning guidelines since the date of submission of the 2006-2007 State Plan.

NOTE: In regards to “early learning guidelines”, Iowa uses the term “early learning standards.”

Originally, the state developed a stakeholder group with 3 committees (communication, early learning guidelines, and professional development). The guidelines committee was co-chaired by a Head Start Technical Assistance Specialist and a staff member from the state Department of Education who also serves as a member of DE’s Early Learning team. This serves to provide a continuous linkage into the Early Learning team, which will provide research assistance on the domains of the early learning standards. In addition, an Iowa State University professor provided assistance to the guidelines committee by compiling updated relevant research. The standards developed address: Physical Well-Being and Motor Development; Approaches to Learning; Social & Emotional Development; Communication, Language & Literacy; Mathematics & Science; Creative Arts.

Iowa has been advancing concerted efforts around early learning environments since the inception of the State Empowerment effort, which had an initial focus on preparing children for school: “Children will enter school ready to learn.” Under the auspices of empowerment a statewide stakeholder group called Early Childhood Iowa (ECI) has formed to continue Iowa’s system building work, and to develop a single comprehensive plan for the early care, health, and education system. ECI has several component work groups including the Professional Development Component Work Group. From this Professional Development Work Group the state planned its efforts to implement the standards.

In March 2007, the DHS and DE held a two-day symposium for over 200 state-sponsored birth-5 trainers and early childhood special education professionals. This opportunity allowed teachers to process and discuss how they will incorporate the standards into their existing work. Discussions included how to align curriculum and assessment with the standards.

Leadership for Iowa’s ELS efforts represented a unique partnership between the state Department of Education and the (now dissolved) Iowa Child Care and Early Education Network (ICCEEN). The co-leadership was a purposeful effort to broaden the perception and buy-in of the full array of child care and early education providers in Iowa, and an attempt to reassure the child care provider community that this effort recognized the distinction between the players involved in the scope of early education and the formal K-12 education system.

The ELS Stakeholders group convened in December 2002. Representation included the following:

- Department of Education’s Early Learning Team (which subsequently represents Pre-K, Early childhood, Early Childhood Special Ed – Part B & C, Head Start, Shared Visions, PITC, and the Child and Adult Care Food Program)
- Iowa Child Care and Early Education Network
- Child Care Resource and Referral

- Department of Human Services
- Empowerment
- Department of Public Health
- AEA Administration and Early Childhood Network
- Providers/Provider Associations
- ISU Extension
- Iowa's Early Care and Education Professional Development Project
- Higher Education – including Community colleges and the Regent's Center for Early Developmental Education at the University of Northern Iowa
- Head Start State Collaboration Office and Director's Association

During the development of ELS the committee sought input in many ways. An online survey was developed to acquire feedback from individuals in the early care, health, and education field as well as parents. The online survey addressed the importance of each standard in addition to the fit or alignment between the standards and benchmarks. Articles were placed in newsletters directing individuals to view the standards and provide feedback through the web-based survey.

In addition, the Iowa Head Start Association designed and implemented a focus group process. Through collaborative work with the Iowa Child Care and Early Education Network, CCR&R, the Department of Education, and Department of Human Services, focus groups were conducted across the state with many groups. The ICCEEN, CCR&R and Head Start personnel convened focus groups targeting providers, including home providers, and parents. Other agencies targeted councils, committees, or other networks to conduct focus groups. The aggregated information was used to revise ELG during the development process.

The state also held a literacy conference for Empowerment, Head Start, Shared Visions, librarians, and center and child development providers. The event served to set the stage and provided opportunity to discuss ELG and gather feedback through discussions and focus groups. Finally, councils, and networks of K-12 staff were recruited to provide feedback. Discussions from these events were also considered while developing ELG.

If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?

X Yes. If yes, name standards. [NOTE: Applied locally.]

#### Alignment with K-12 Standards

Under the philosophy of "local control," Iowa has had a long-held belief that the state should not apply statewide K-12 standards; rather, these should be left to individual districts to determine. Therefore, the Iowa Department of Education does not mandate state standards. School districts develop standards based on local data, input and needs. The department has developed core content standards that align with the Iowa Tests that all districts use to measure progress toward their local standards.

Under Iowa's approved plan for "No Child Left Behind (NCLB), Iowa will continue to use its state Iowa Test of Basic Skills (ITBS) and Iowa Tests of Educational Development (ITED) as these tests align with or measure the standards that LEAs (school districts) have developed. The Iowa Department of Education has developed core standards and benchmarks that align or correspond to the ITBS. School districts must examine these standards & benchmarks to see if they are included in their local standards. In an effort to keep as much consistency in our statewide results as possible for all things early childhood, these standards parallel in many respects the Iowa Empowerment results.

Iowa's Early Learning Standards Stakeholder group included early childhood specialists directly involved in the development of K-12 and early childhood standards for local school districts. The Guidelines Work group included early childhood specialists, administrators, early childhood special education teachers, and the state early childhood special education staff. These individuals considered the Core Content Standards and Benchmarks Corresponding to the Iowa Tests and their knowledge of local school district K-12 and early childhood standards in the development of ELS.

A summary of the Core Content Standards that correspond to ITBS/ITED is listed below – please note that these are guideposts developed by the state but are not a mandate imposed on the school districts.

*Core Content Standards*

Reading Content Standard

- A. Students can comprehend what they read in a variety of literary and informational texts.

Math Content Standards

- A. Students can understand and apply a variety of math concepts.  
B. Students can understand and apply methods of estimation.  
C. Students can solve a variety of math problems.  
D. Students can interpret data presented in a variety of ways.

Taken from <http://www.state.ia.us/educate/ecese/nclb/doc/ccsb.doc>  
<<http://www.state.ia.us/educate/ecese/nclb/doc/ccsb.doc>>

Writing of the 0-3 and 3-5 year old standards was intentionally and developmentally bridged. In addition, as the birth to three initiative uses the Program for Infant & Toddler Care training, concepts from the PITC were infused into the standards.

No.

If developed, are the guidelines aligned with early childhood curricula?

X Yes. If yes, describe.

Iowa examined several curricula when developing the standards. Examples include Creative Curriculum and High Scope, in addition to specific early literacy curricula implemented in Iowa school districts. The writing committees aligned these curricula with Iowa's standards.

No.

Have guidelines been developed for children in the following age groups (check if guidelines have been developed):

- X Birth to three. Guidelines are included as Attachment xxx (see website)  
X Birth to five. Guidelines are included as Attachment xxx (see website)  
☐ Five years or older. Guidelines are included as Attachment xxx

Efforts to develop early learning guidelines for children that may differ from those addressed in *Good Start, Grow Smart* (i.e., children birth to three or older than five) may be described here.

Iowa is committed to improving quality for all young children. In order to develop a seamless system for children from birth to five Iowa developed standards for infants and toddlers upon completion of the preschool standards. The infant and toddler and preschool areas and standards are identical to reflect developmental learning. Benchmarks in for each of these age groups provided the individualization needed to address the development of children from birth to five.

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan) –

Due to the size of the document, they are not included as an attachment but are available for review online at: [www.iowa.gov/educate](http://www.iowa.gov/educate) - under Early Childhood - Early Childhood Standards

**5.2.2 Domains of Voluntary Early Learning Guidelines.** Do the guidelines for children three-to-five-years-old address language, literacy, pre-reading, and early math concepts?

X Yes.

For preschoolers the content learning domains will be Early Learning 3-5, physical well-being and motor development, approaches to learning, social/emotional, communication, language & literacy, creative arts, mathematics and science.

No.

Do the guidelines for children three-to-five-years-old address domains not specifically included in *Good Start, Grow Smart*, such as social/emotional, cognitive, physical, health, creative arts, or other domains?

X Yes. If yes, describe.

For preschoolers the content learning domains are Early Learning 3-5, physical well-being and motor development; approaches to learning; social/emotional; communication, language & literacy; creative arts; mathematics and science.

No.

**5.2.3 Implementation of Voluntary Early Learning Guidelines.** Indicate the strategies the State used or expects to use in implementing its early learning guidelines.

Check all that apply:

- X Disseminating materials to practitioners and families
- X Developing training curricula
- X Partnering with other training entities to deliver training
- X Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- ☐ Other. Describe:

Indicate the stakeholders that are (or expect to be) actively supporting the implementation of early learning guidelines.	Indicate the programs that mandate or require the use of early learning guidelines.
X Publicly funded (or subsidized) child care	<input type="checkbox"/> Publicly funded (or subsidized) child care
X Head Start	<input type="checkbox"/> Head Start
X Education/Public pre-k	X Education/Public pre-k
X Early Intervention	<input type="checkbox"/> Early Intervention
X Child Care Resource and Referral	<input type="checkbox"/> Child Care Resource and Referral
X Higher Education	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Parent Associations	<input type="checkbox"/> Parent Associations
<input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Other. Describe:

How are (or will) cultural, linguistic and individual variations (be) acknowledged in implementation?

The ELG Committee addressed diversity in the development of ELG. The committee considered standards that were gender and culture neutral. The committee examined the environmental supports and examples to make sure they reflected multicultural names, cultural sensitivity, as well as examples that would apply to children with disabilities.

The ECI Professional Development Component Work Group will design staff development strategies for diverse providers in addition to teaching strategies that accommodate children with diverse backgrounds.

How are (or will) the diversity of child care settings (be) acknowledged in implementation?

During the ELS Symposium trainers from multiple agencies discussed existing training efforts to identify the alignment with the ELS. Iowa has many training efforts that address home providers, center providers, family support, preschool and others. The Iowa Department of Education is currently leading the development of a professional development system that will address training needs for multiple audiences that address our program standards and ELS.

Materials developed to support implementation of the guidelines are included as Attachment 5.2.3. If these are available on the web, provide the appropriate Web site address:

Implementation materials presented at the Symposium that are unique to Iowa's ELS include crosswalks for alignment of the Standards to

- *The Creative Curriculum for Preschool* and the Goals and Objectives of *The Developmental Continuum for Ages 3-5*.
- *Head Start Child Outcomes Framework and Curriculum-Based Assessments*
- *Pearson Early Learning Opening the World of Learning (OWL) Early Literacy Program*

Materials are not available on the web. Materials that were made available at the symposium are available from the Lead Agency.

- 5.2.4 **Assessment of Voluntary Early Learning Guidelines.** As applicable, **describe** the State's plan for:
- (a) Validating the content of the early learning guidelines
  - (b) Assessing the effectiveness and/or implementation of the guidelines
  - (c) Assessing the progress of children using measures aligned with the guidelines
  - (d) Aligning the guidelines with accountability initiatives

Prior to the implementation of GSGS, Iowa was already engaged in developing a broad-based, statewide assessment effort targeted to estimate the outcome of the state's investment in achieving the state's vision for early care, health and education: "Every child, beginning at birth, will be healthy and successful."

Toward that end, an initial step undertaken by the state was a massive baseline data gathering effort under the Department of Education's Kindergarten Teacher Perception Survey. This brief

survey measured teachers' perceptions of their kindergarten class in the areas of communication, cognition, motor, self-management and social emotional skills. The summary of the results, as well as other documents related to the Survey, can be reviewed at:  
[http://www.empowerment.state.ia.us/kind\\_percep\\_survey.asp](http://www.empowerment.state.ia.us/kind_percep_survey.asp)

The 2005 Iowa General Assembly passed legislation (HF761) requiring local school districts to complete the following:

- Administer Dynamic Indicators of Basic Early Literacy Skills (DIBELS) or a kindergarten benchmark assessment adopted by the Department of Education (DE) to every kindergarten student enrolled in the district no later than October 1 [Iowa Code 279.60(16)]
- Collect from each parent, guardian or legal custodian of a kindergarten student enrolled in the district information, including but not limited to preschool attendance, and demographic factors
- Report the results of the assessment and preschool information to the Department of Education no later than January 1 of that school year

The DE has aligned the kindergarten assessment requirements of HF 761 with the statutory requirements for comprehensive school improvement and early intervention/class size reduction. The assessments the districts select must be technically adequate.

The DE has approved the following list of kindergarten assessments to be used to implement the requirements of HF 761. If a school district administers an assessment that is not on this list, the district will be required to demonstrate it addresses the literacy components and meets technical adequacy for a kindergarten assessment.

The following list of assessments are standardized criterion referenced or norm referenced assessment instruments that appropriately assess literacy concepts in kindergarten children:

- Dynamic Indicators of Basic Early Literacy Skills (DIBELS)
- Phonological Awareness Test (PAT)
- Basic Reading Inventory, Early Literacy Assessments, eighth edition, or above
- Observation Survey
- Texas Primary Reading Inventory
- Yopp-Singer Test of Phoneme Segmentation

At this time 88% of the school districts and 77% of the school buildings have reported kindergarten literacy assessment data.

School districts are also required to report on additional early childhood data. Districts report the number of children that had attended preschool at any time during the 12 months prior to kindergarten entry. In 2005, 35,103 children entered kindergarten. Districts reported that 10,718 children attended preschool.

In 2004 the Department of Education (DE) collected assessment data in an effort to measure the state result "Children Ready to Succeed in School". The DE collected DIBELS assessment data from districts who voluntarily submitted their data. DIBELS measures whether children

recognize beginning sounds. The results indicated children are not entering kindergarten with literacy skills as strong as would be desired to ensure success in school.

In the state's efforts to ensure that children are entering kindergarten with the literacy skills they need to be successful, the state is committed to:

- Providing ongoing sustainable funding for quality preschool services
- Supporting efforts with providers that focus on quality instruction for young children, such as the Iowa Quality Preschool Program Standards and the Iowa Early Learning Standards
- Supporting quality professional development that addresses the Iowa Quality Preschool Program Standards, Iowa Early Learning Standards and specific early literacy skills.

The Iowa Department of Education's report to the Iowa Legislature entitled "Kindergarten Literacy Assessment and Early Childhood Data" is included as Attachment 5.2.4. If these are available on the web, provide the appropriate Web site address (reports must still be attached to Plan):

**5.2.5 State Plans for Professional Development.** Indicate which of the following best describes the current status of the State's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. NOTE: Check ONLY ONE box to best describe the status of your State's professional development plan.

Planning. Indicate whether steps are under way to develop a plan. If so, describe the entities involved in the planning process, time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.

X **Developing.** A plan is being drafted. The draft or planning documents are included as Attachment 5.2.5 "Professional Development Component Workgroup Landscape. Plan is only in 'rough draft' stage at this time.

Developed. A plan has been written but has not yet been implemented. The plan is included as Attachment xx

Implementing. A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as Attachment xx

Revising. The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 06-07 State Plan. The revisions or the revised plan are included as Attachment xx

Other (describe):

Describe the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2006-2007 State Plan.

The professional development effort and work on the professional development plan for Iowa's child care providers in Iowa began with a federal grant from Head Start to initiate a professional development system for people who work in Early Care and Education in the State of Iowa. The initial group, the Iowa Early Care & Education Professional Development Project (IECEPDP), consisted of individuals representing child care centers, out-of school-time child care providers, family child care providers, Head Start, Iowa State University Extension, Area Education Agencies, Child Care Resource & Referral, Child & Adult Care Food Program, public and private universities, colleges and community colleges, Department of Education, Department of Human Services, and Department of Public Health.

ICECPDP oversaw the completion of the Core Body of Knowledge for children ages 3-5. In addition, a description of the continuum of training as described in the Pathways and Options chart as well as the components of the system can be viewed online at the Early Childhood Iowa website under the following link:

[http://www.state.ia.us/earlychildhood/Iowa\\_Early\\_Childhood\\_Initiatives/index.html](http://www.state.ia.us/earlychildhood/Iowa_Early_Childhood_Initiatives/index.html)

The charts are also available in hard copy format from the Lead Agency. The chart provides a context for how different trainings can be connected - while not seamless at this stage of development, the goal is to move Iowa closer to a fully realized articulated system.

#### *ECI Professional Development Component Group*

With the inception in 2004 of the professional development component group of Early Childhood Iowa, the work of the ICECPDP will continue (under a new name). The charge of the group, comprised of over 130 individuals in the early care, health, and education fields, is to determine the professional development system necessary to support the goals of the ECI strategic plan.

The group has identified key (and evolutionary) subgroups. The initial subcommittees include:

- Professional Development Strategic Planning – responsible for committee organization and meeting structure and ensuring linkages with appropriate component groups
- Early Learning Standards – formulation of action plans for implementation. The Early Learning Standards are complete for children ages birth-5.
- Current Efforts in Education and Training – identification of current efforts and gaps
- Standards Tool – Grid & Crosswalk – identifying communication tools regarding the differing set of standards (i.e., for providers – core body of knowledge, credentials/licensing; for programs – accreditation, environmental ratings scales, Quality Rating System, Iowa Quality Preschool Program Standards, etc.)

The Early Childhood Iowa (ECI) Professional Development Component Group is a vital force behind the development and utilization of a successful statewide professional development

system. The group was instrumental in the creation of professional development “landscape materials” in the Fall of 2005 and the Spring of 2006. This group represents all sectors of the Early Care, Health, and Education system in Iowa.

Expanding off of the work of the ECI-PD component group, a collaborative effort is also underway to create a comprehensive, statewide, competency-based professional development blueprint for early care and education providers. The effort, coordinated by the Department of Education, is intended to address identified steps towards developing a comprehensive professional development system for Iowa’s Early Care, Health and Education professionals, including the possible creation of an Iowa Early Childhood Training and Professional Development Center. With the input from stakeholders and the guidance of a professional facilitator, this project includes the development, implementation, and promotion of a blueprint for a sustainable professional development system geared specifically to the needs of Iowa’s Early Care, Health, and Education system

Additional components of the blueprint, which is a work in progress, include:

- Development of a community college early childhood curriculum that is common among programs and demonstrates high quality as evidenced by the initiation of Community College Early Childhood Associate Degree’s Accreditation through National Association for the Education of Young Children (NAEYC) -- Initiation of NAEYC Early Childhood Associate Degree Accreditation for the early childhood program at Iowa’s community colleges is a step to ensure that core content is of high quality in order to produce students with a high degree of competence in the field of early care and education. Aligning the core content area courses with NAEYC standards for accreditation is an initial step in the pursuit of articulation agreements with 4-year universities.
- Facilitate conversations among post-secondary early childhood programs in the State of Iowa to promote seamless articulation from community colleges to institutes of higher education;
- Implementation of a public awareness campaign emphasizing the importance of education and training of the workforce, address quality child care and promote the linkage between a comprehensive Early Care, Health, and Education professional development system and quality programming/services.

The Early Childhood Iowa’s Professional Development Steering Committee will be utilized as an advisory group to this project.

The end result of the component group will be the development of a professional development plan to guide Iowa’s professional development system for child care providers, professionals who support child care providers, and professionals who provide parent education/home visiting. As the professional development efforts of the state more closely align with the ELS and the state’s framework for early care, health, and education, the presumption is that the quality of care will increase, resulting in an earlier emphasis on early learning skills that better prepare children to succeed in school.

### *Child Care Provider Training Registry*

The provider training registry, which the Lead Agency has contracted with a vendor to develop, will include a statewide training calendar that all training entities will be able to enter their trainings, an on-line registration system for training listed on the calendar, and a listing of trainers, including where they are willing to train and topics on which they provide training. The registry will also allow providers to build their transcript, which will document their professional development.

#### *Development of Provider Training Opportunities*

An overarching goal is to develop – at the state system level - beginning, intermediate and advanced curriculum for the following trainings that are provided statewide via the CC&R system:

- **Welcome to Child Care**

A 10 hour (5week) foundation series intended for child care center staff and directors who are new to the field or need a review. Experienced instructors offer assistance with age-appropriate activities, routines, guidance, health and communication

- **ChildNet**

A 25-hour (10 week) foundation series for child care home providers that parallels the competencies of a CDA . Experienced instructors offer assistance with business practices, age-appropriate activities, routines, guidance, nutrition, health, human relations and communication.

- **Welcome to School-Age Care**

A 10-hour (5 week) foundation series intended for providers of school age child care who are new to the field or need a review. Experienced instructors offer assistance with age appropriate activities, routines, guidance, health, and communication

- **Iowa's Program for Infant Toddler Caregivers (PITC)**

The Iowa PITC Training Network offers opportunities for caregivers and parents to learn about the unique needs of infants and toddlers in five 10-hour modules. Practical tips and examples of appropriate practices for caregivers and parents are offered along with links to other early childhood professionals. On-site evaluation and consultation are also available through the network of infant/toddler specialists.

- **Every Child Reads: Birth to Kindergarten**

Expands the capacity of early care and education systems to enhance language, reading and writing skills of children birth to kindergarten. The components of the initiative include community engagement, public awareness and 15 hours of Getting Ready to Read Literacy Training for early childhood professionals and parents. A host of community partners collaborate, including libraries, schools, service organizations, business, etc.

#### *Role of CCR&R*

The statewide Child Care Resource & Referral Agency system provides technical assistance and supports to the development and implementation of training offerings. Education and training supports dedicated to the fundamental professional development of all child care providers are delivered statewide through the CCR&R system (ChildNet, Welcome to Child Care, Welcome to School Age Care, and PITC). The Iowa TEACH program relies on the Child Care Resource & Referral system for dissemination of information and successful delivery of education services. Additional education and training supports dedicated to the “skilled/practitioner/master” child care provider are offered through Child Care Resource & Referral system where local funding is available (Every Child Reads, Devereux Early Childhood Assessment Program). Technical assistance and training opportunities for all levels of child care providers are also available through the statewide delivery of Home Consultation & Health Consultation services. As the ECI-Professional Development, ELS, and QRS efforts evolve, the CCR&R will continue to link with the professional development effort to assure providers a “career ladder”.

CCR&R Regional Training Coordinators serve as a conduit of information between all child care providers, their communities and professional development opportunities. Each Regional Training Coordinator oversees the development and distribution of a training calendar, and self-study libraries and needs assessment surveys. Training participation activity and evaluation information is recorded and available for reporting purposes. The Regional Training Coordinator works closely with all Regional CCR&R personnel as education and technical assistance opportunities are developed and delivered. The Regional Training Coordinator is positioned to serve as a facilitator for the development of new professional development opportunities with community partners (i.e., AEA, Head Start, ISU Extension, Public and Private schools, Community Empowerment).

#### *Role of the Office of Empowerment*

In addition to funding to support local programs, Community Empowerment received \$2.2 million to be utilized at a state level for professional development activities to support the early care, health and education system. Community Empowerment partnered with different entities that support the infrastructure of the system. Highlights of the first year’s activities included:

- New Staff Orientation - Initial training for Child Care Center Directors to utilize a 16-hr video orientation for new center staff. The video orientation includes workbook assignments by staff and reviewed by director. Completed workbooks are submitted for review and center receives recognition in the QRS system for this item of completion.
- Quality Preschool Program Standards Training - expand facilitators by 20 across the state and add 40 new programs/centers as participants
- Every Child Reads – expansion of ongoing training series for this project across the state
- Early ACCESS service coordinator training - Training will be offered in four quadrants across the state. It is designed to increase access to needed services and improve family outcomes.
- Oral Health Mentoring and Training Collaborative for Primary Health Care Providers in Iowa -- The Oral Health Bureau will work with the University of Iowa Child Health Specialty Clinics, Iowa Chapter of the American Academy of Pediatrics, and the Iowa Chapter of Family Practice Physicians to provide training statewide to primary care

health providers on early childhood oral health screenings and fluoride varnish application. The primary focus will be to expand optimum access to preventive dental care for children ages 3 and under that traditionally do not have routine access to a dental office. The concept for the training will involve dissemination of education through a “training-the-trainer” and mentoring model. Telehealth applications and linkages with web-based applications will allow easy reference for practicing providers to update skills and information.

- Continuing/New TEACH Scholarships - Supports to home, center, and preschool providers as they complete formal education.
- Family Development Specialist Scholarships - family support service providers to become certified as a FS Specialist; offered through either U of I or ISU
- Maternal Depression Train the Trainer – the Maternal Depression Screening Train the Trainer Workshop series is an opportunity for program staff to develop skills to address the maternal mental health needs of families in their communities. The Train the Trainer is designed to provide trainers with background information about Maternal Depression and its effects, enable trainers to utilize the maternal depression screening tool, assist trainers to develop a community-based screening protocol, and provide mentoring and support for integration of the screening tool into programs and organizations.
- Healthy Mental Development - provide guidance/education for developmental surveillance, screening and diagnosis.
- Early ACCESS Health component - Development and implementation of curriculum to educate Early ACCESS Service Coordinators on health areas, specifically around coordination with medical specialist and primary health providers, support for establishing a medical home, etc.
- Environmental Rating Scale: Next Step/TA - consultation and technical assistance for practitioners moving forward in the environment rating scales
- Positive Behavior Support Education - training designed to assist in implementation of program-wide positive behavior supports
- Family Child Care Rate Scale (FCCRS) Transition - assist with transition to new ERS tool for home providers; training in NC for the two key persons
- System Building - Systemic activities to support the professional development of the early care, health and education field; Create, implement, and promote a blueprint for a sustainable professional development system geared specifically to the needs of Iowa’s early care, health, and education system.

The 2007 General Assembly continued the funding for professional development. Collaborative efforts are underway to continue, expand or initiate new activities with these funds.

*Technical Assistance Opportunities for Providers:*

- Home consultant network coordinated by the CCR&R & DHS

The Child Care Home Consultant offers one-on-one assistance – under a 4-visit model -- to home providers requesting state registration information. Home consultants assist home providers as they develop a commitment to providing quality child care, develop a business plan and develop time and/or relationship management plans. The home consultant also provides on-

site educational opportunities for providers. The Child Care Home Consultant is critical in serving to retain an experienced and high quality base of home providers. There are currently 5 regional home consultants and 6 dedicated home consultants funded via CCDF funds located in the CCR&R's. A statewide consultation network is being expanded upon through partnerships between Empowerment and the CCR&R's. Home consultants are also participating in national research – QUINCE – to assist the state in identifying the level of technical assistance needed to impact provider behavior, improve the quality of care, and positively effect outcomes for children.

- Nurse Consultant network coordinated by the CCR&R & DPH-HCCI

The Child Care Nurse Consultant's goals are to assist child care professionals by offering guidance on health and safety issues, issues of public health including prevention and response to communicable disease, and issues related to child development, including responding to behavioral concerns of children. These nursing professionals provide educational sessions, clarify state and local health and safety policies and serve as a resource link for children/families, including ensuring both provider and children have access to medical homes. In SFY05, there were 65 child care nurse consultants across the state – 5 funded through CCDF; 22 funded under the MCH expansion, and the remaining funded under Head Start or Empowerment funding.

- Infant and Toddler Specialist Network coordinated by CCR&R

The Infant and Toddler Specialists provide coordination of PITC training and ongoing consultation to providers – both those who have completed the modules and those who have not participated in the modules but request assistance in improving their care. The specialists manage the training plan (incentives), conduct outreach in the provider community, and work within their communities to educate on the importance of quality infant and toddler care. The specialists are certified in all modules of PITC, as well as being trained in the appropriate Environmental Rating Scales. They provide on-site assessment and consultation to providers throughout their region.

- Quality Rating System (QRS) specialists coordinated by CCR&R and DHS

The Quality Rating System specialists provide resource coordination and technical assistance to child care programs interested in the QRS. The specialists provide applications and information about the QRS to help providers determine the level for which they may apply, hold orientation sessions to explain QRS, coordinate their efforts with other resources (i.e., child care home consultants, DHS center licensing staff, child care nurse consultants, Iowa State University Extension family life specialists) to help providers progress through QRS. In sfy07, there were 5 FTE's devoted to QRS specialists. More information on Iowa's QRS can be found at [www.dhs.state.ia.us/iqrs](http://www.dhs.state.ia.us/iqrs).

- Iowa Quality Preschool Program Standards

In 2004, the Department of Education developed state standards based on all 10 of the NAEYC program standards and 45% of the NAEYC program criteria. The Iowa Quality Preschool Program Standards (QPPS), were drafted then finalized by the spring of 2004. These standards are designed for programs serving 3- and 4-year-old children. The QPPS serve as a beginning point for child care programs to engage in a continuum of quality improvement to work toward

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accreditation with NAEYC program standards and criteria. More information on QPPS can be found at: [www.iowa.gov/educate/content/view/681/805/](http://www.iowa.gov/educate/content/view/681/805/)

If your State has developed a plan for professional development, does the plan include (Check EITHER yes or no for each item):

***[\*\*NOTE – NOT APPLICABLE AT THIS TIME - – Comprehensive Plan in Development by ECI PD group –related efforts addressed above]***

	Yes	No
Specific goals or desired outcomes	<input type="checkbox"/>	<input type="checkbox"/>
A link to Early Learning Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training	<input type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
State Credentials – State for which roles (e.g. infant and toddler credential, directors' credential, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input type="checkbox"/>	<input type="checkbox"/>

For each Yes response, reference the page(s) in the plan and briefly describe.

For each No response, indicate any plans the Lead Agency has to incorporate these components.

Are the professional development opportunities described in the plan available:

***[\*\*NOTE – NOT APPLICABLE AT THIS TIME - – Comprehensive Plan in Development by ECI PD group –related efforts addressed above]***

Note: Check either yes or no for each item):

	Yes	No
Statewide	<input type="checkbox"/>	<input type="checkbox"/>

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To Center-based Child Care Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

Describe how the plan addresses early language, literacy, pre-reading, and early math concepts development.

[See 5.2.1-5.2.4 for more information on Iowa's ELS]

Are program or provider-level incentives offered to encourage provider training and education?

X      Yes. If yes, describe, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.

Incentives available to providers were identified in section 5.2.4. Every Child Reads is an example of provider training and incentives related to literacy. Full implementation of ELS has not occurred so further description is premature.

A summary of programs offering provider-level incentives:

- Iowa T.E.A.C.H Early Childhood – scholarships began statewide in the fall of 2003. Iowa T.E.A.C.H. is a scholarship/incentive-based retention plan with goals of increasing the quality of care being provided, reducing turnover, and increasing the compensation of traditionally low-paid early childhood staff.
- Iowa's PITC – In 2003, a "training plan" incentive was established for providers attending 40-50 hours of training.
- Individual Empowerment areas are also providing incentives and scholarships to encourage practitioners to complete training and education.

The aforementioned training and education opportunities increase practitioner knowledge and skills. Inherent in post-secondary early childhood education and the PITC modules are fundamentals regarding developmentally appropriate practices, early language, literacy, pre-reading, and numeracy skills – all of which in day-to-day care will support children's development and ability to enter school ready to succeed.

☐      No. If no, describe any plans to offer incentives to encourage provider training and education, including any connections between the incentives

and training relating to early language, literacy, pre-reading and early math concepts?

As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

- ☐ Yes. If yes, describe how the professional development plan's effectiveness/goal is assessed.
- X No. If no, describe any plans to include assessments of the professional development plan's effectiveness/goal achievement.

Ultimately, the implementation of a comprehensive professional development system will enhance children's healthy growth and development, ensure that children enter school well-prepared, and support families by increasing the quality of care available throughout the state. Essential in achieving improved outcomes for children through the provider community will be to ensure that a full array of providers – whether through encouragement or mandate – participate in training opportunities, infuse their education into practice, and have incentives to remain in the field to achieve long-term results for the children in their care.

Future strategies to measure outcomes of professional development efforts *may* include:

- A comprehensive design by the ECI-Professional Development component group to link assessment to all series trainings.
- Monitoring data from the QRS to assess providers' increase in achieving levels, and whether additional training/education was a factor.
- Monitoring data from the Child Care Provider Training Registry and continuing to conduct on a periodic basis a survey of center directors and child development home providers to determine if there is a marked increase in the amount of education and training. The survey also yields additional data on the barriers to training, the content of desired training, and what type of training is currently being accessed – all of which will allow the professional development system to tailor the training being offered to what providers indicate they need.

In order to assess the direct impact of training and education, replication of the Midwest Child Care Survey of quality may need to be accomplished at some point, including observations in child care settings.

Does the State assess the effectiveness of specific professional development initiatives or components?

- ☐ Yes. If yes, describe how specific professional development initiatives or components' effectiveness is assessed.

- X No. If no, describe any plans to include assessments of specific professional development initiatives or components' effectiveness.

[\*\*NOTE – NOT APPLICABLE AT THIS TIME]

As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

- ☐ Yes. If yes, describe how assessment informs the professional development plan.

- X No. If no, describe any plans to include assessment to inform the professional development plan.

[\*\*NOTE – NOT APPLICABLE AT THIS TIME]

**PART 6**  
**HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS**

*(Only the 50 States and the District of Columbia complete Part 6.)*

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

The applicable administrative rules and provider handbooks for child care center licensing and child development homes can be found on the Lead Agency's website ([www.dhs.state.ia.us](http://www.dhs.state.ia.us)) under "Publications – DHS Employee Manuals and Administrative Rules."

**6.1 Health and Safety Requirements for Center-Based Providers** (658E(c)(2)(F), §§98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

X Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.

No. If no, describe which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

6.1.2 Have center licensing requirements as they relate to staff-child ratios, group size, or staff training been modified since approval of the last State Plan?  
(§98.41(a)(2)&(3))

Yes. If yes, describe the changes.

X No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

NOT APPLICABLE

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**6.2 Health and Safety Requirements for Group Home Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

X Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.

No. If no, describe which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes. If yes, describe the changes.

X No.

Iowa does not have mandatory regulation of all child care homes. Registration is required when caring for six or more children; otherwise, registration is a voluntary, self-certification process. However, a comprehensive revision to the child care home registration rules was undertaken in 2002. The former seven categories of care were revised to 3 levels of Child Development Homes – with maximum capacity based on the provider's education, training, and experience. The Iowa Administrative Code and the accompanying Provider Handbook for Child Development Homes can be found on the Lead Agency's website ([www.dhs.state.ia.us](http://www.dhs.state.ia.us)) under "Publications – DHS Employee Manuals and Administrative Rules"

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

NOT APPLICABLE

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**6.3 Health and Safety Requirements for Family Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

X No. If no, describe which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

Iowa does not have mandatory regulation of all child care homes. Registration is required when caring for six or more children; otherwise, registration is a voluntary, self-certification process. However, a comprehensive revision to the child care home registration rules was undertaken in 2002. The former seven categories of care were revised to 3 levels of Child Development Homes – with maximum capacity based on the provider's education, training, and experience. The Iowa Administrative Code and the accompanying Provider Handbook for Child Development Homes can be found on the Lead Agency's website ([www.dhs.state.ia.us](http://www.dhs.state.ia.us)) under "Publications – DHS Employee Manuals and Administrative Rules"

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes. If yes, describe the changes.

X No.

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

The provider is required to have a physical examination report on file on each child, including immunization information, signed by a physician or designee at enrollment.

- Building and physical premises safety

Conditions in the home must be safe, sanitary and free of hazards. This includes, at a minimum:

- A telephone with emergency numbers posted.
- Medicines and cleaners secured from access by a child.
- First aid supplies are available.
- Electrical wiring is properly maintained.
- Combustible materials are kept away from furnaces, stoves and water heaters.
- Safety barriers are present at stairways and around heating stoves or heating elements.
- Emergency plans in case of fire or tornado are posted and practices monthly.
- Private water supply is tested annually.
- Safe outdoor play area is provided.

The brochure, *Minimum Health and Safety Requirements for Nonregistered Child Care Home Providers*, is given to every child care provider who is not registered with the state and wishes to provide state-funded child care. The document is not available on the web but is provided as attachment 6.3.3

When the provider signs a *Payment Application for Nonregistered Providers*, they certify that they understand and will be in compliance with the conditions and requirements for nonregistered providers. These include:

- Minimum health and safety requirements.
- Limits on the number of children for whom care may be provided.
- Unlimited parental access to the child during hours when care is provided.
- Conditions that warrant nonpayment.
- Prohibitions on persons convicted of a crime or with a founded and registered child abuse providing child care.

- Health and safety training

As indicated on the *Minimum Health and Safety Requirements for Nonregistered Child Care Home Providers*, the provider is required to have a valid first aid and CPR certificate or a first aid certificate which includes rescue breathing.

**6.4 Health and Safety Requirements for In-Home Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

- 6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above?

Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

X No. If no, describe which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

Iowa does not have mandatory regulation of all adults providing child care. Registration is required when caring for six or more children; otherwise, registration is a voluntary, self-certification process. In-home providers, those providing care in the residence of the child, must provide care to at least three children. In signing the provider agreement, they adhere to the same requirements as the non-registered provider (see above).

- 6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes. If yes, describe the changes.

X No.

- 6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

Refer to 6.3.3 (same requirements as a nonregistered child care home).

- Building and physical premises safety

Refer to 6.3.3 (same requirements as a nonregistered child care home).

- Health and safety training

Refer to 6.3.3 (same requirements as a nonregistered child care home).

**6.5 Exemptions to Health and Safety Requirements**

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))  
Indicate the Lead Agency's policy regarding these relative providers:

- X     **All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.  
All relative providers are exempt from all health and safety requirements.  
Some or all relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

## **6.6    Enforcement of Health and Safety Requirements**

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

Licensing is required for facilities providing care for seven or more children, except when the facility is registered as child development home. The Department of Human Services employs nine FTE's as child care licensing consultants who devote their time to licensing, monitoring and providing technical assistance to all center-based and preschool programs. Child care centers are assessed to ensure that the facility meets the state regulations for administration, records, health and safety policies, personnel, physical facilities, food services, activity programming and parental participation. Onsite evaluations are required before a license is issued and for bi-annual renewal of the license. The Department went to 2-year licenses in October 2002. Unannounced visits conducted at least once a year are used to monitor a program as well as respond to complaints. State statute makes it a criminal offense (serious misdemeanor) to establish, conduct, manage or operate a center without a license, with each day of continuing violation considered a separate offense. Thirty days after the Department has provided notification that an entity is operating a child care center or preschool without a license, the county attorney is notified and requested to take legal action against the facility.

Registration is voluntary for child care homes serving five or fewer children. Registration is mandatory for child development homes that serve six or more children. The registration process is handled by each of the ninety-nine county Department of Human Services offices. Twenty percent of the registered homes in each category (Child Development Homes A-B-C) are visited annually to determine compliance with the requirements. Many child development homes are now visited by a child care home consultant located in the CCR&R to assist them with registration and to provide non-regulatory assistance in assisting the provider with meeting the standards of registration. Any person who operates a child development home for six or more children without registering is guilty of a simple misdemeanor and official notification of this is given to the county attorney if the situation is not resolved satisfactorily.

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

X Yes. If yes, indicate which providers are subject to routine unannounced visits and the frequency of those visits:

Twenty percent of the registered homes in each category are visited annually to determine compliance with the requirements – these may be conducted as unannounced.

At least one unannounced visit is conducted annually to licensed child care centers to monitor programs, as well as respond to complaints.

No.

- Are child care providers subject to background checks?

X Yes. If yes, indicate which types of providers are subject to background checks and when such checks are conducted:

At registration and licensing, criminal and child abuse checks (including a check of the sex offender registry) are completed. The checks may also include a review of the dependant adult abuse registry and of the Iowa Courts On-line system for civil offenses that are relevant to caretaking.

For registration, the checks are completed for each registrant, staff member, and anyone living in the home who is 14 years of age or older.

For licensing, checks must be submitted for each licensed child care center owner, director, or staff member with direct responsibility for child care or with access to a child when the child is alone, including staff who perform duties under a subcontract with the center, who will have access to a child, and anyone living in the child care facility who is fourteen years of age or older to determine whether they have any founded child abuse reports or criminal convictions.

Effective July 1, 2003, any person with a conviction or founding for the following will have a lifetime prohibited from any form of involvement with child care (including being paid under the state's child care assistance program):

- a record of founded child or dependent adult abuse that was determined to be sexual abuse
- the person is listed on the sex offender registry under chapter 692A
- or the person has committed any of the following felony-level offenses:
- Child endangerment or neglect or abandonment of a dependent person
- Domestic abuse.
- A crime against a child including but not limited to sexual exploitation of a minor
- A forcible felony.

Furthermore, any person with a conviction or founding for the following will have a five-year prohibition from any form of involvement with child care (including being paid under the state's child care assistance program):

- a conviction of a controlled substance offense under Iowa Code chapter 124 within five years of the date of application
- a record of founded child or dependent adult abuse that was determined to be physical abuse,

No.

- Does the State require that child care providers report serious injuries that occur while a child is in care? ( Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

X Yes. If yes, describe the State's reporting requirements and how such injuries are tracked (if applicable):

While the injuries are not reported into a formal state tracking system, by regulation, providers are to immediately report to parents any serious incident or injury and maintain documentation in the licensing and registration file.

An injury prevention project – a partnership of HCCI (funded in part with CCDF funds) and the Consumer Product Safety Commission was developed one of the five CCR&R regions. A prototype has been developed and will be implemented with all child care nurse consultants statewide to assist with injury reporting and response.

No.

- Other methods used to ensure that health and safety requirements are effectively enforced:

Both the home and nurse consultant infrastructure -- available statewide through the CCR&R system -- allows a non-regulatory intervention as well as a partnership with the regulators to monitor, provide technical assistance and consultation, and enforce issues of non-compliance.

The Iowa Attorney General's Office has also become a key partner in seeking injunctions for serious issues of non-compliance that pose imminent jeopardy to children's well being and in representing the Department in administrative & legal actions against providers. The AG's office has served as a vital bridge between Department regulatory staff and county attorneys.

## **6.7 Exemptions from Immunization Requirements**

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- X Children whose parents object to immunization on religious grounds.
- X Children whose medical condition contraindicates immunization.

**PART 7**  
**HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES**

**SECTION 7 IS NOT APPLICABLE TO IOWA**

*(Only the Territories complete Part 7)*

**7.1 Health and Safety Requirements for Center-Based Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**7.2 Health and Safety Requirements for Group Home Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**7.3 Health and Safety Requirements for Family Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**7.4 Health and Safety Requirements for In-Home Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**7.5 Exemptions to Territorial Health and Safety Requirements**

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- ☐ **All** relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

**7.6 Enforcement of Territorial Health and Safety Requirements**

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced: Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

☐ Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:

☐ No.

Are child care providers subject to background checks?

☐ Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:

☐ No.

Does the Territory require that child care providers report serious injuries that occur while a child is in care? ( Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☐ Yes. If yes, **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):

☐ No.

Other methods used to ensure that health and safety requirements are effectively enforced:

## **7.7 Exemptions from Territorial Immunization Requirements**

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).

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- ☐ Children who receive care in their own homes.
- ☐ Children whose parents object to immunization on religious grounds.
- ☐ Children whose medical condition contraindicates immunization.

**APPENDIX 1**  
**PROGRAM ASSURANCES AND CERTIFICATIONS**

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))

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- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

## APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must define the following *italicized* terms. (658P, 658E(c)(3)(B))

- *attending* (a job training or educational program; include minimum hours if applicable) -  
Formally enrolled full-time, as defined by the institution, in an approved educational or vocational training program. Part-time plans may be approved only if the number of credit hours to complete training is less than full-time status, the required prerequisite credits or remedial coursework is less than full-time status, or training is not offered on a full-time basis. For FIP recipients participating in PROMISE JOBS, part-time plans may be approved as above. In addition, PROMISE JOBS participants may use part-time training when family circumstances indicate this is necessary. In all instances where part-time training is used, PROMISE JOBS participants must be able to complete the training within maximum participation limits as established by Iowa Administrative Code Chapter 93.
- *in loco parentis* -  
An adult standing in place of the parent; custody/guardianship is not required to be formalized through the court if the individual is a relative.
- *job training and educational program* -
  - a. Academic or vocational training must culminate in a specific goal, such as high school completion, improved English skills, or the development of specific academic or vocational skills
  - b. Training may be approved for high school completion activities, adult basic education, GED, English as a second language, a college program which leads to an associate of arts degree, and a postsecondary education, up to and including a baccalaureate degree program.
  - c. Child care provided while the parent participates in postsecondary education or vocational training is limited to a 24-month lifetime limit. A month is defined as a fiscal month and generally has starting and ending dates falling with two calendar months but only count as one month. Time spent in high school education, GED, or English as a second language does not count toward the 24month limit.
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) -  
Refer to the definition for ‘special needs child’ in (7).
- *protective services* -  
Child care provided as part of a safety plan during a child abuse assessment or as part of the service plan established in a family's case plan. The child must have an open child abuse assessment; an open child welfare case as a result of a child abuse assessment, or adjudication as a child in need of assistance.

- *residing with -*

For the purpose of determining family size, the family includes the following members:

- Legal spouses (including common law) who reside in the same household
- Natural, adoptive, or stepmother or father, and children who reside in the same household
- A child who resides with a person or persons not legally responsible for the child's support;
- A companion in the home is not considered in determining family size or income unless there is a common child.

The composition of the family does not change when one or more of the family members is temporarily absent from the household. Persons who meet the definition of temporary absence are considered when determining family size.

Temporarily absent means:

- A medical absence anticipated to be less than three months.
- An absence for the purpose of education or employment
- Absence of a family member who intends to return home within three months

- *special needs child -*

A child with one or more of the following conditions:

- The child has been diagnosed by a physician or by a person endorsed for service as a school psychologist by the Iowa Department of Education to have a developmental disability which substantially limits one or more major life activities, and the child requires professional treatment, assistance in self care, or the purchase of special adaptive equipment.
- The child has been determined by a qualified mental retardation professional to have a condition which impairs the child's intellectual and social functioning. The child has been diagnosed by a mental health professional to have a behavioral or emotional disorder characterized by situationally-inappropriate behavior which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with the child's intellectual, social, or personal adjustment.

- *very low income -*

Families with an income of more than 100 percent but not more than 145 percent of the federal poverty level whose members are employed at least 28 hours per week. Additionally, families with an income at or below 200 percent of the federal poverty level whose members are employed at least 28 hours per week or are participating in an approved training or education program and who have a special needs child as a member of the family.

- *working* (include minimum hours if applicable) -  
employed for 28 or more hours per week, or employed an average of 28 or more hours per week during the month. Child care services may be provided for the hours of employment of a single parent or the coinciding hours of employment or training/education or job search of both parents in a two-parent home and for the actual travel time between home, child care facility and place of employment.
- Additional terminology related to conditions of eligibility or priority established by the Lead Agency:
  - FIP: TANF in Iowa is known as the Family Investment Program (FIP).
  - PROMISE JOBS: Iowa's work and training program for FIP recipients.

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### **Attachment 3.5.1**

#### **1 Monthly Income Chart and Fee Schedule**

The monthly income chart and fee schedule for child care services in a licensed child care center, an exempt facility, a registered child development home, a nonregistered child care home, or in-home are shown in the following table:

#### **Monthly Income Increment Levels According to Family Size**

<u>Level</u>	<u>Monthly Income According to Family Size</u>										<u>Unit Fee Based on Number of Children in Care</u>		
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>1</u>	<u>2</u>	<u>3 or more</u>
A	<u>\$808</u>	<u>\$1,084</u>	<u>\$1,359</u>	<u>\$1,635</u>	<u>\$1,910</u>	<u>\$2,186</u>	<u>\$2,461</u>	<u>\$2,737</u>	<u>\$3,012</u>	<u>\$3,288</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
B	<u>\$851</u>	<u>\$1,141</u>	<u>\$1,431</u>	<u>\$1,721</u>	<u>\$2,011</u>	<u>\$2,301</u>	<u>\$2,591</u>	<u>\$2,881</u>	<u>\$3,171</u>	<u>\$3,461</u>	<u>\$0.20</u>	<u>\$0.45</u>	<u>\$0.70</u>
C	<u>\$875</u>	<u>\$1,173</u>	<u>\$1,471</u>	<u>\$1,769</u>	<u>\$2,067</u>	<u>\$2,365</u>	<u>\$2,664</u>	<u>\$2,962</u>	<u>\$3,260</u>	<u>\$3,558</u>	<u>\$0.45</u>	<u>\$0.70</u>	<u>\$0.95</u>
D	<u>\$899</u>	<u>\$1,205</u>	<u>\$1,511</u>	<u>\$1,817</u>	<u>\$2,124</u>	<u>\$2,430</u>	<u>\$2,736</u>	<u>\$3,042</u>	<u>\$3,349</u>	<u>\$3,655</u>	<u>\$0.70</u>	<u>\$0.95</u>	<u>\$1.20</u>
E	<u>\$924</u>	<u>\$1,239</u>	<u>\$1,553</u>	<u>\$1,868</u>	<u>\$2,183</u>	<u>\$2,498</u>	<u>\$2,813</u>	<u>\$3,128</u>	<u>\$3,442</u>	<u>\$3,757</u>	<u>\$0.95</u>	<u>\$1.20</u>	<u>\$1.45</u>
F	<u>\$949</u>	<u>\$1,272</u>	<u>\$1,596</u>	<u>\$1,919</u>	<u>\$2,243</u>	<u>\$2,566</u>	<u>\$2,889</u>	<u>\$3,213</u>	<u>\$3,536</u>	<u>\$3,859</u>	<u>\$1.20</u>	<u>\$1.45</u>	<u>\$1.70</u>
G	<u>\$976</u>	<u>\$1,308</u>	<u>\$1,640</u>	<u>\$1,973</u>	<u>\$2,305</u>	<u>\$2,638</u>	<u>\$2,970</u>	<u>\$3,303</u>	<u>\$3,635</u>	<u>\$3,968</u>	<u>\$1.45</u>	<u>\$1.70</u>	<u>\$1.95</u>
H	<u>\$1,002</u>	<u>\$1,344</u>	<u>\$1,685</u>	<u>\$2,027</u>	<u>\$2,368</u>	<u>\$2,710</u>	<u>\$3,051</u>	<u>\$3,393</u>	<u>\$3,734</u>	<u>\$4,076</u>	<u>\$1.70</u>	<u>\$1.95</u>	<u>\$2.20</u>
I	<u>\$1,030</u>	<u>\$1,381</u>	<u>\$1,732</u>	<u>\$2,083</u>	<u>\$2,434</u>	<u>\$2,785</u>	<u>\$3,137</u>	<u>\$3,488</u>	<u>\$3,839</u>	<u>\$4,190</u>	<u>\$1.95</u>	<u>\$2.20</u>	<u>\$2.45</u>
J	<u>\$1,058</u>	<u>\$1,419</u>	<u>\$1,779</u>	<u>\$2,140</u>	<u>\$2,501</u>	<u>\$2,861</u>	<u>\$3,222</u>	<u>\$3,583</u>	<u>\$3,943</u>	<u>\$4,304</u>	<u>\$2.20</u>	<u>\$2.45</u>	<u>\$2.70</u>
K	<u>\$1,088</u>	<u>\$1,459</u>	<u>\$1,829</u>	<u>\$2,200</u>	<u>\$2,571</u>	<u>\$2,941</u>	<u>\$3,312</u>	<u>\$3,683</u>	<u>\$4,054</u>	<u>\$4,424</u>	<u>\$2.45</u>	<u>\$2.70</u>	<u>\$2.95</u>
L	<u>\$1,118</u>	<u>\$1,498</u>	<u>\$1,879</u>	<u>\$2,260</u>	<u>\$2,641</u>	<u>\$3,022</u>	<u>\$3,402</u>	<u>\$3,783</u>	<u>\$4,164</u>	<u>\$4,545</u>	<u>\$2.70</u>	<u>\$2.95</u>	<u>\$3.20</u>
M	<u>\$1,149</u>	<u>\$1,540</u>	<u>\$1,932</u>	<u>\$2,323</u>	<u>\$2,715</u>	<u>\$3,106</u>	<u>\$3,498</u>	<u>\$3,889</u>	<u>\$4,281</u>	<u>\$4,672</u>	<u>\$2.95</u>	<u>\$3.20</u>	<u>\$3.45</u>
N	<u>\$1,180</u>	<u>\$1,582</u>	<u>\$1,984</u>	<u>\$2,387</u>	<u>\$2,789</u>	<u>\$3,191</u>	<u>\$3,593</u>	<u>\$3,995</u>	<u>\$4,397</u>	<u>\$4,799</u>	<u>\$3.20</u>	<u>\$3.45</u>	<u>\$3.70</u>
O	<u>\$1,213</u>	<u>\$1,627</u>	<u>\$2,040</u>	<u>\$2,453</u>	<u>\$2,867</u>	<u>\$3,280</u>	<u>\$3,694</u>	<u>\$4,107</u>	<u>\$4,520</u>	<u>\$4,934</u>	<u>\$3.45</u>	<u>\$3.70</u>	<u>\$3.95</u>
P	<u>\$1,246</u>	<u>\$1,671</u>	<u>\$2,095</u>	<u>\$2,520</u>	<u>\$2,945</u>	<u>\$3,369</u>	<u>\$3,794</u>	<u>\$4,219</u>	<u>\$4,643</u>	<u>\$5,068</u>	<u>\$3.70</u>	<u>\$3.95</u>	<u>\$4.20</u>
Q	<u>\$1,281</u>	<u>\$1,718</u>	<u>\$2,154</u>	<u>\$2,591</u>	<u>\$3,027</u>	<u>\$3,464</u>	<u>\$3,900</u>	<u>\$4,337</u>	<u>\$4,773</u>	<u>\$5,210</u>	<u>\$3.95</u>	<u>\$4.20</u>	<u>\$4.45</u>
R	<u>\$1,316</u>	<u>\$1,764</u>	<u>\$2,213</u>	<u>\$2,661</u>	<u>\$3,110</u>	<u>\$3,558</u>	<u>\$4,007</u>	<u>\$4,455</u>	<u>\$4,904</u>	<u>\$5,352</u>	<u>\$4.20</u>	<u>\$4.45</u>	<u>\$4.70</u>

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<u>S</u>	<u>\$1,353</u>	<u>\$1,814</u>	<u>\$2,275</u>	<u>\$2,736</u>	<u>\$3,197</u>	<u>\$3,658</u>	<u>\$4,119</u>	<u>\$4,580</u>	<u>\$5,041</u>	<u>\$5,502</u>	<u>\$4.45</u>	<u>\$4.70</u>	<u>\$4.95</u>
<u>T</u>	<u>\$1,390</u>	<u>\$1,863</u>	<u>\$2,337</u>	<u>\$2,810</u>	<u>\$3,284</u>	<u>\$3,757</u>	<u>\$4,231</u>	<u>\$4,705</u>	<u>\$5,178</u>	<u>\$5,652</u>	<u>\$4.70</u>	<u>\$4.95</u>	<u>\$5.20</u>
<u>U</u>	<u>\$1,429</u>	<u>\$1,915</u>	<u>\$2,402</u>	<u>\$2,889</u>	<u>\$3,376</u>	<u>\$3,863</u>	<u>\$4,349</u>	<u>\$4,836</u>	<u>\$5,323</u>	<u>\$5,810</u>	<u>\$4.95</u>	<u>\$5.20</u>	<u>\$5.45</u>
<u>V</u>	<u>\$1,467</u>	<u>\$1,968</u>	<u>\$2,468</u>	<u>\$2,968</u>	<u>\$3,468</u>	<u>\$3,968</u>	<u>\$4,468</u>	<u>\$4,968</u>	<u>\$5,468</u>	<u>\$5,968</u>	<u>\$5.20</u>	<u>\$5.45</u>	<u>\$5.70</u>
<u>W</u>	<u>\$1,509</u>	<u>\$2,023</u>	<u>\$2,537</u>	<u>\$3,051</u>	<u>\$3,565</u>	<u>\$4,079</u>	<u>\$4,593</u>	<u>\$5,107</u>	<u>\$5,621</u>	<u>\$6,135</u>	<u>\$5.45</u>	<u>\$5.70</u>	<u>\$5.95</u>
<u>X</u>	<u>\$1,550</u>	<u>\$2,078</u>	<u>\$2,606</u>	<u>\$3,134</u>	<u>\$3,662</u>	<u>\$4,190</u>	<u>\$4,718</u>	<u>\$5,246</u>	<u>\$5,774</u>	<u>\$6,302</u>	<u>\$5.70</u>	<u>\$5.95</u>	<u>\$6.20</u>
<u>Y</u>	<u>\$1,593</u>	<u>\$2,136</u>	<u>\$2,679</u>	<u>\$3,222</u>	<u>\$3,765</u>	<u>\$4,307</u>	<u>\$4,850</u>	<u>\$5,393</u>	<u>\$5,936</u>	<u>\$6,479</u>	<u>\$5.95</u>	<u>\$6.20</u>	<u>\$6.45</u>
<u>Z</u>	<u>\$1,636</u>	<u>\$2,194</u>	<u>\$2,752</u>	<u>\$3,309</u>	<u>\$3,867</u>	<u>\$4,425</u>	<u>\$4,982</u>	<u>\$5,540</u>	<u>\$6,098</u>	<u>\$6,655</u>	<u>\$6.20</u>	<u>\$6.45</u>	<u>\$6.70</u>
<u>AA</u>	<u>\$1,682</u>	<u>\$2,256</u>	<u>\$2,829</u>	<u>\$3,402</u>	<u>\$3,975</u>	<u>\$4,549</u>	<u>\$5,122</u>	<u>\$5,695</u>	<u>\$6,268</u>	<u>\$6,842</u>	<u>\$6.45</u>	<u>\$6.70</u>	<u>\$6.95</u>
<u>BB</u>	<u>\$1,728</u>	<u>\$2,317</u>	<u>\$2,906</u>	<u>\$3,495</u>	<u>\$4,084</u>	<u>\$4,672</u>	<u>\$5,261</u>	<u>\$5,850</u>	<u>\$6,439</u>	<u>\$7,028</u>	<u>\$6.70</u>	<u>\$6.95</u>	<u>\$7.20</u>

The Iowa Department of Human Services does not require fee assessment for:

- Families at or below 100% of the federal poverty guidelines (income increment level A).
- Families with a child with protective needs where services are provided without regard to income.
- Participants in approved PROMISE JOBS activities other than paid employment.

When more than one child in a family is receiving child care services, the fee is based on the child who receives the most care (the most units of service). An additional fee for each child is not assessed. Fees are assessed by determining the gross monthly income according to family size and the number of children in care.

To use the sliding fee schedule:

1. Move across the monthly income table to the column headed by the number of people in the family that was used in determining eligibility.
2. Move down that column for family size to the first row with an amount greater than the monthly family income. Use the row above that row to determine the fee amount.
3. Move across that row and choose the fee that corresponds to the number of children that need care.
4. When a family has more than ten members, find the income levels by multiplying the figures in the 4-member column by 0.03. Round the answers to the nearest dollar and multiply by the number in the family in excess of ten. Add the result to the amount in the 10-member column.

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*Example in using the sliding fee chart:*

Maximum gross income for a family of 4 = \$2496

Sliding fee = \$3.70 half/day unit or \$7.40/full day

Iowa raises the Federal Poverty Guidelines annually (July 1<sup>st</sup> of each year, September 1<sup>st</sup> in SFY06). Consequently, a family's co-pay could stay the same or actually be reduced if family income did not change. As an example:

3 person household -- Income = \$1550 month

SFY07 fee = \$1.45 unit

SFY08 fee = \$1.20 unit

SFY 07 (July 2006) Max. Gross Income	SFY 08 (July 2007) Max. Gross Income		Co-pay
			\$0
1502	<b>1553</b>	=	\$1.20
<b>1543</b>	1596	=	\$1.45
1587	1640	=	\$1.70
1630	1685	=	\$1.95

**Bold** indicates co-pay assessed